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## INTRODUCTION

Breast cancer in young women with spouses and children increases the risk of psychological morbidity not only for the patient but also for the family due to the substantial mutual effects of each family member's adjustment to the diagnosis and its future implications. Psychosocial interventions are effective at reducing psychological morbidity in cancer patients, but to date the young woman with breast cancer and her family have not been targeted for such intervention. A pilot study was conducted to assess the impact of breast cancer on the families of younger women, focusing on the effects of breast cancer on parental adjustment, family coping and on the adjustment of preschool and school age children. Based on this pilot data, a Basic psychosocial intervention involving a group for breast cancer patients and their spouses and an Expanded intervention that adds groups for the children was developed for this study. The effects of the Basic and the Expanded interventions on reducing psychological distress and enhancing coping in young women with breast cancer and their families will be compared in the third and fourth years of this study.

## STATEMENT OF WORK

**Technical Objective 1: Conduct pilot study to assess: a) the psychological adjustment and parenting concerns of breast cancer patients with preschool and school age children and their spouses; and b) the emotional and behavioral functioning of the children.** (Completed 6/98.) Results detailed in Annual Report submitted 9/98.

**Technical Objective 2: Design a Basic and Expanded psychosocial intervention for young women with breast cancer, their spouses, and children 12 years of age and under based upon the findings of the pilot study.**

**Task 1:** Month 8-10: Analyze pilot data and finalize treatment manuals for intervention groups. (Completed 6/30/98). Results detailed in Annual Report submitted 9/98.

**Task 2:** Months 11-12: Subject recruitment for intervention study; Randomize patients to Basic, Expanded and Control groups; Send out pre-intervention assessment packets; Schedule appointments for child assessment for Basic intervention and Control groups (Completed 8/31/98). (Intervention group scheduled to begin 9/10/98 canceled due to low participation.) Results detailed in Annual Report submitted 9/98.

**Task 3:** Months 13-16: Reformat Basic and Expanded interventions to increase participation; acquire educational materials required for revised interventions; submit revised proposal to institutional review board for approval. Subject recruitment for intervention study; Randomize patients to Basic, Expanded and Control groups; Send out pre-intervention assessment packets; Schedule appointments for child assessment for Basic intervention and Control groups. (Completed 12/31/98)

The intervention groups were revised to take place over four monthly sessions approximately 1 1/2 hours long, with patient/partner groups taking place simultaneously with the children's groups. The revised Patient/Partner group intervention manual is presented in Appendix 1. The two children's intervention manuals were also revised: one for children aged 4-6 years old (Appendix 2) and one for children aged 7-12 (Appendix 3). The older child group was further divided in to sections for children aged 7-9 and those

aged 10-12. Institutional Review Board approval was obtained for the revised intervention on 12/24/98.

**Technical Objectives 3-4: Compare the effectiveness of Basic and Expanded psychosocial intervention and assess the impact of the children's intervention.**

**Task 1:** Months 17-20: Randomize patients to Expanded Intervention, Basic Intervention and Control groups; Send out pre-intervention assessment packets and schedule pre-intervention child assessments; First cycle of intervention groups begins; Start data coding and data entry; Recruitment of participant families for the second intervention group cycle; Post-intervention assessment packets given to patients and post-intervention child assessments scheduled (Completed 4/30/99).

As subject recruitment was below the number necessary to randomize participants into three treatment conditions simultaneously, the decision was made to alternate cycles of the Basic and Expanded Intervention groups to increase the numbers of participants in each condition. Participant families for each intervention group cycle will be randomly assigned to either an Intervention group or the Control group. Ten families were recruited for the first cycle of the intervention (Expanded Intervention group, n=7 and Control group, n=3), which was started in January 1999 and completed in April 1999. Three families dropped out before the intervention started, one due cancer reoccurrence, one due to changes in work schedule, and the other due to serious illness in a family member. Thus the final number of participants in the first cycle was 7 (Expanded Intervention group, n=4 and Control group n=3). Baseline and post-intervention data was collected from participants. This data has been coded entered into the study database.

**Task 2:** Months 21-24: Randomize patients to Basic and Control groups. Send out pre-intervention assessment packets and schedule pre-intervention child assessments; Second cycle of intervention groups begins; Continued data coding and data entry; Recruitment of patients for third intervention group cycle; Post-intervention assessment packets given to patients and post-intervention child assessments scheduled; Complete 8 month follow-up assessment for Cycle 1 subjects. (Completed 8/31/99).

Seven families were recruited to the second cycle of the intervention group (Basic Intervention group, n=5 and Control group n=2). Post-intervention questionnaires for cycle 2 participants and eight month follow-up questionnaires for Cycle 1 participants were sent out and are currently being returned by participants and coded for data entry and analysis. Baseline data for participants in Cycles 1 & 2 are presented below. Post-intervention data are not presented in this report as it was available for Cycle 1 participants only. Participants' post-intervention and 8 month follow-up data will be available for the next annual report.

Baseline Data for Interventions Cycles 1 & 2.

Descriptive statistics of the participants enrolled in Intervention Cycles 1 & 2 are presented, as the numbers of participants enrolled across the three conditions (Expanded Intervention, Basic Intervention and Control) are too small to conduct group comparisons. These comparisons will be performed once 4-6 Cycles of the Intervention groups are completed, depending on numbers recruited for each cycle. Demographic characteristics of the participants enrolled in Intervention Cycles 1 & 2 are presented in Table 1.

Table 1  
Demographic Characteristics of Participants in Intervention Cycles 1 & 2 (n=17)

Characteristic	M ± SD	n	%
<b>Family</b>			
Marital Status (Married)		16	94%
Number in household	4 ± 1		
Mother's age	40 ± 3	17	
Father's age	42 ± 5	16	
<b>Children</b>			
Gender (male)		15/31	48%
Age (years)	8.5 ± 2.8		
<b>Ethnicity</b>			
Caucasian		16	94%
Asian		1	6%
<b>Breast Cancer Stage</b>			
0		3	18%
I		7	41%
II		6	35%
III		0	0%
IV		1	6%
Time Since Diagnosis:	12.5mos. ± 10		
<b>Mother's Education</b>			
12 years		2	12%
13-16 years		11	65%
> 16 years		4	23%

Table 1 (cont'd.)

## Demographic Characteristics of Study Participants (2 Intervention Cycles)

Characteristic	M $\pm$ SD	n	%
Father's Education			
12 years		2	13%
13-16 years		8	50%
> 16 years		6	37%
Mother's Employment			
Full-time		2	12%
Part-time		6	35%
Homemaker		5	30%
Other (unemployed, disabled)		4	23%
Father's Employment			
Full-time		15	94%
Homemaker		1	6%



**Parental Psychological Functioning.** The Symptom Checklist-90 Revised (SCL-90-R) (Derogatis 1993), was used to examine parental psychological symptoms and general distress. A majority of the breast cancer patients (14/17; 82%) scored in the normal range on the nine SCL-90-R symptom subscales and the Global Severity Index (GSI), a measure of general distress. Four of the 14 spouses (29%) who completed the SCL-90-R however, reported psychological symptoms (e.g., Hostility, Depression) and global distress in the clinical range, as defined by a GSI T score of 63 or greater, or a T score of 63 or greater on two subscales. The most frequently endorsed symptoms for both the breast cancer patient and her spouse included feelings of irritability and disturbed sleep. Table 2 provides a summary of patient and spouses scores on the SCL-90-R scales.

Table 2  
Parental Psychosocial Functioning\*: Baseline Mental Health Cycles 1 & 2

Symptom Checklist -90-R (SCL-90-R) Symptom Domains	Mothers	Fathers
	Mean (SD) (n = 16)	Mean (SD) (n = 14)
Global Severity Index (GSI)	54 (9)	55 (11)
Anxiety	53 (8)	54 (11)
Depression	55 (8)	57 (11)
Hostility	53 (9)	57 (10)
Interpersonal Sensitivity	51 (9)	53 (9)
Obsessive-Compulsive	54 (9)	57 (10)
Paranoid	46 (7)	50 (10)
Phobic Anxiety	47 (6)	49 (5)
Psychoticism	53 (9)	51 (9)
Somatization	54 (7)	45 (10)

\*As SCL-90-R raw scores are gender normed, T-scores are used to compare mothers and fathers. The parents' T-scores on the symptom subscales and the GSI were derived from nonpatient norms.

The Cancer Rehabilitation Evaluation System (CARES) (Schag and Heinrich 1990) was completed by the breast cancer patients to provide a multidimensional assessment of the impact of breast cancer on their quality of life, with higher scores indicative of more difficulties. Table 3 provides a summary of the women's CARES scores. The women's scores fell in the normative range on average however, 8/16 (50%) of women at Baseline had one or more symptom domains 1 or more standard deviations above the norm.

Table 3  
Breast Cancer Patients' Baseline Quality of Life\*: Cycles 1 & 2 (n=16)

CARES Domains	Baseline Mean (SD)
Global	52 (9)
Total Number of Problems	53 (9)
Average Severity	51 (8)
Physical	49 (10)
Psychosocial	54 (9)
Medical Interaction	53 (6)
Marital	52 (6)
Sexual	55 (8)

\*T scores where the mean = 50, and SD = 10.

Family Functioning. The Family Adaptation and Cohesion Scale, Version 2 (FACES II) (Olson et al. 1982) was used to assess family functioning. This scale characterizes families along the dimensions of Adaptability, the ability of the family to be flexible and responsive to change, and Cohesion, the emotional bonding that the family members have for one another. Sixteen mothers and fourteen fathers completed the FACES II upon study entry. Twelve mothers (75%) and 10 fathers (71%) described their families as "Balanced", meaning their families were moderate to high on levels of Cohesion and Adaptability, generally considered to be the most viable for healthy family functioning. Four mothers (25%) reported moderate levels of Cohesion and moderate to low levels of Adaptability, and four fathers (29%) reported either low levels of Cohesion and/or Adaptability with these lower Adaptability and Cohesion scores indexing families at risk for difficulties in responding to the challenges presented to the family by breast cancer. A majority of parents (6/8;75%) with lower scores on the FACES II also endorsed clinically significant levels of symptoms on at least one symptom scale on the SCL-90-R, indicating that these family types may be associated with higher psychological distress. One possible explanation for this association may be that the parents' characterization of their families as rigid/structured as compared to flexible, and separated as compared to connected, may influence their ability to adapt to changes in the family brought about by breast cancer, resulting in more distress. This association will be investigated further when more participants are enrolled in the study, as will the impact of the psychosocial intervention on family functioning and the distress of individual family members. It may be that these distressed families benefit most from the psychosocial interventions.

The Family Crisis Oriented Personal Evaluation Scales (F-COPES) (McCubbin et al. 1991) was used to assess family problem solving and coping behaviors. Five coping strategies are assessed including: Acquiring Social Support, Reframing, Seeking Spiritual Support, Mobilizing Family to Acquire and Accept Help, and Passive Appraisal. A Total Score is also derived which is the sum of the five coping subscales. Fourteen couples completed the F-COPES at study entry. There was a gender difference in the use of Acquiring Social Support, with women scoring considerably higher than men (Women's Mean Percentile Score = 84, Men's Mean Percentile Score = 60). Both women and men scored in the moderate range in the use of Mobilizing the Family to Acquire and Accept Help (Women's Mean Percentile Score = 77, Men's Mean Percentile Score = 65), Seeking Spiritual Support (Women's Mean Percentile Score = 46, Men's Mean Percentile Score = 42), and Reframing (Women's Mean Percentile Score = 60, Men's Mean Percentile Score = 62). Both partners scored very high on the use of Passive Appraisal (Women's Mean Percentile Score = 96, Men's Mean Percentile Score = 99), which measures the family's ability to accept problematic issues while minimizing reactivity. The Total Coping Score, a general index of the number of strategies brought to bear to cope with family crises was high for both women (Mean Percentile = 82) and men (Mean Percentile = 75).

Family Problem Solving Coping (FPSC) (McCubbin et al. 1996). This scale was added to the parents' assessment as it provides for the evaluation of two patterns of communication that appear to be important in how families cope with challenges: incendiary communication and affirming communication. As the parents' intervention is aimed to improve their abilities to communicate effectively with one another, their family and the health care system, this scale should provide a measure of the effectiveness of the intervention in decreasing any negative or incendiary communication and increasing positive or affirming communication. Fathers' (n=14) and mothers' (n=16) scores at Baseline were similar, with affirming communication (Mothers' Mean = 12, SD = 2; Fathers' Mean = 12, SD = 2) endorsed more often than incendiary communication (Mothers' Mean = 4, SD = 2; Fathers' Mean = 5, SD = 3), and total positive communication scores (Mothers' Mean = 23, SD = 3; Fathers' Mean = 22, SD = 5), falling in the mid-range in relation to various standardization samples.

The Family Routines Inventory (Boyce et al. 1983; Jensen et al. 1983) assessed the type of activities and routines the families engage in and the importance they assign to these activities. The 28 routines listed include items that relate to parent-child activities, child routines, meal and bedtime routines, family activities, contact with relatives, hobbies etc. A frequency score (range: 0 - 84) is derived which is the sum of all endorsed routines weighted by the frequency with which the family participates in it. While there are no norms for the Family Routines Inventory, it has been validated as an index of family cohesion, organization and routinization (Jensen et al. 1983). The mean frequency score for the fathers ( $n = 14$ ) at baseline was 50 ( $SD = 7$ ) and was 56 ( $SD = 7$ ) for the mothers ( $n = 15$ ), indicating that these families have moderate to high levels of organization and routinization in their lives, which is theorized to buffer them from stressful experiences.

Child Behavior and Competencies. The age appropriate Child Behavior Checklist (CBCL) (Achenbach 1991; Achenbach 1992) was used to assess any emotional or behavioral problems in the children, as well as the competencies of children aged 3 - 12 in social, recreational and academic domains. A majority (23/30; 77%) of the children assessed with the CBCL evidenced few emotional or behavioral problems, with competency scores also within normal limits (See Table 4). Seven children (4 males, 3 females) demonstrated significant levels of psychological distress, with internalizing behavioral problems, especially anxiety, in the clinical ( $n=3$ ) or borderline clinical ( $n=4$ ) range. Eight children aged 4-7 completed the age/gender appropriate Harter Pictorial Scale of Perceived Competence (Harter and Pike 1985) which comprehensively assesses the child's self-perceptions regarding peer and maternal acceptance, physical and cognitive competencies. Their scores were medium to high across the four subscales (Range = 1.8-4.0; Peer Acceptance  $M = 3.11$ ,  $SD = .50$ ; Maternal Acceptance  $M = 2.97$ ,  $SD = .62$ ; Physical Competence  $M = 3.38$ ,  $SD = .27$ ; Cognitive Competence  $M = 3.47$ ,  $SD = .60$ ). Twenty children (11 males, 9 females) aged 8-12 years completed the Harter Scale of Perceived Competence questionnaire (Harter 1982), where they report on their scholastic, social, athletic, and behavioral competencies as well as their physical appearance and global self-competence. As there are systematic gender effects in how boys and girls respond to particular subscales of the questionnaire, their scores are reported separately. Boys on average scored at or above the standardization sample means on all subscales. Girls, in contrast, scored lower than the standardization sample on the Scholastic subscale, above average on the Physical Appearance subscale, and average for the Athletic, Behavioral Conduct, Social Acceptance and Global Self-Worth subscales. Girls also were found to have significantly lower scores than boys on the Social Acceptance ( $t = 2.17$ ,  $df = 18$ ,  $p = .04$ ) and the Scholastic Competence ( $t = 2.87$ ,  $df = 18$ ,  $p = .01$ ) subscales, which are not reported to have systematic gender effects. These findings come from a very small sample and need to be interpreted cautiously, however they may indicate that school age girls may be more adversely affected by their mother's breast cancer than are school age boys.

Table 4  
Children's Behavioral Outcomes\*: Cycles 1 & 2 (n = 28)

Child Behavior Checklist (CBCL)	Baseline
Outcome Domains	Mean (SD)
Aggression	51 (3)
Anxiety	53 (6)
Attention Problems	53 (5)
Delinquency	52 (5)
Withdrawn	51 (3)
Social Problems	53 (7)
Somatization	52 (7)
Thought Disorder	52 (4)
Externalizing Symptom Total	44 (8)
Internalizing Symptom Total	46 (10)
Total Behavior Score	45 (10)

\*T-Scores are presented rather than raw scores, so that the participants scores can be evaluated in reference to the normative population, where scores of 50 are in the normal range, scores 67-69 represent borderline clinical scores, and scores 70 and above are considered to reference clinically significant behavioral or emotional problems.

**Technical Objectives 3-4: Compare the effectiveness of Basic and Expanded psychosocial intervention and assess the impact of the children's intervention.**

**Task 3:** Months 25-36. Third through fifth group cycles are run, with procedures as described above in Tasks 1 and 2. (September 1999-August 2000).

Six participants and their families have been recruited to the third cycle of the intervention group (4 Intervention group, 2 Control group). The primary difficulty facing this study is participant recruitment. A significant barrier to recruitment is competition for participants by several studies. This should be lessened in the future, as one of the primary competing studies recruiting premenopausal women with breast cancer will stop recruiting in 9/99. Also, increased effort has been devoted to advertising the study through the news bureau of the University of Pittsburgh Medical Center. A series of meetings with clinical trial coordinator nurses at the University of Pittsburgh Cancer Institute was set up in September 1999 to increase recruitment from affiliated hospitals to encourage their identification of eligible participants for the study. As there has been turnover of staff coordinators, it is hoped that the new educational efforts to recruit from affiliated hospitals will result in the identification of more eligible participants. As of the date of this report, 3 families have been recruited for the fourth cycle of the intervention. We anticipate that recruitment will improve with an approximately 8-10 families available for future intervention cycles, leading to an estimated total participation of 50 families by the end of the six planned intervention cycles (3 Expanded Intervention, 3 Basic Intervention Cycles).

The remaining tasks are yet to be addressed:

**Task 4:** Months 37-40: No cost extension of 12 months. Sixth cycle of intervention group is run; Continued data coding and data entry; Complete 8 month follow-up for Cycle 5 participants.

**Task 5:** Months 41-44: Eight month follow-up for Cycle 6 participants is completed. Data analyses to compare treatment effects of Basic and Expanded interventions and impact of children's intervention upon child psychological adjustment and parenting stress.

**Task 6:** Months 45-48: Preparation of final report and publications.

### **KEY RESEARCH ACCOMPLISHMENTS**

- Modification Of the Parent/Partner Intervention Group
- Modification Of the Preschool & School-Age Children's Intervention Groups
- Completion Of Two Intervention Cycles and Start of Third Intervention Cycle
- Implementation of More Intensive Efforts For Subject Recruitment

### **REPORTABLE OUTCOMES**

There are no reports or publications to cite on the basis of the work completed thus far. Presentations of the Parent and Children's intervention groups developed for this study are being prepared for presentation at academic meetings. Presentation of the results of the

intervention groups will be made as soon as sufficient numbers of participants are recruited to allow for comparisons among treatment conditions.

## CONCLUSIONS

Twenty families, including 43 children have been recruited to the "Families Coping with Cancer Project". While increased subject recruitment is a primary goal for the third and fourth years of this study, the preliminary data gathered from Cycle 1 & 2 participants does provide some new information about family adaptation when a young mother has breast cancer. First, the psychosocial functioning of a majority of premenopausal breast cancer patients was within normal limits. Of interest is the finding that spouses endorsed more psychological distress than the patient, emphasizing the importance of including the patient's partner in the planning of psychosocial interventions for young breast cancer patients. Most children were reported to exhibit few emotional or behavioral problems, although there was some preliminary evidence of gender differences in self-competence, with school age girls scoring below boys. Further, global scales of family functioning revealed a general pattern of competency in coping with cancer in the family, with a subset of families exhibiting distress both on psychosocial measures and measures of family coping.

The impact of the Expanded and Basic intervention on the psychosocial outcomes of these distressed families will be of particular interest. It may turn out that the psychosocial interventions being tested work best for those in distress, but it will also be important to ascertain whether those families who already exhibit a positive psychosocial adaptation to breast cancer can enhance their coping skills and show lower symptom scores after participating in the intervention groups. Comparisons between the Expanded and the Basic interventions will also allow the determination of whether children benefit most from direct intervention or whether they evidence improvement in psychosocial adaptation by proxy -- that is, through parental involvement in the intervention only. The ultimate goal of this research is to provide important information regarding the best design of a psychosocial intervention for the premenopausal women with breast cancer and her family. This research should also provide information regarding the identification of patients and families at high risk for psychosocial distress, and thus assist in determining the best use of resources to meet the psychosocial needs of the young woman with breast cancer and her family.

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**APPENDIX 1:**

**PATIENT AND PARTNER GROUP  
INTERVENTION MANUAL**

# **FAMILIES COPING WITH CANCER PROJECT**

## **Treatment Manual: Patient and Partner Group**

**Funded by: U. S. Army Materiel Command 1997-2000**

**Family Intervention for Young Women with Breast Cancer**

**Sally E. Tarbell, Ph.D.  
Principal Investigator**

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## **SESSION 1**

### **OBJECTIVES:**

1. Introduction to the group and orientation to the activities planned for the group meetings
2. Participants gain an understanding of children's comprehension of and adjustment to parental cancer

### **OUTLINE:**

1. Introduction to the Families Coping with Cancer Project
2. Talking to children about cancer and children's responses to cancer in the family
3. Bridge to Children's Intervention Groups (Expanded Intervention only)

### **SUPPLIES:**

1. Name tags
2. Pens
3. Parking passes
4. Receipts for participant reimbursement
5. Refreshments: Coffee/bagels/napkins/plates/cups

### **HANDOUTS:**

1. Tote Bag for carrying group supplies
2. Families Coping with Cancer Notebook
3. Handout: Children's Understanding of Parental Illness by Developmental Stage
4. Handout: Resources on Children's Behavior and Adjustment to Parental Illness
5. Handout: CancerCare Brief on "Helping Children to Understand Cancer"
6. Book: When a Parent has Cancer by Wendy Harpham

## WELCOME AND INTRODUCTION to the:

### "Families Coping With Cancer Project"

#### A. INTRODUCTION

*(Participants fill out nametags and are provided with a tote bag and notebook to file educational materials handed out during the group meetings.)* Welcome to the Families Coping with Cancer Project. We are very pleased to have you here with us today. My name is Dr. \_\_\_\_\_. I am a health psychologist from the University of Pittsburgh Cancer Institute and this is \_\_\_\_\_, an oncology nurse educator, also from the UPCI. We will be meeting with you today for about an hour and a half. During this time we will give you an understanding of how this project came to be and what we hope to accomplish during our four meetings.

Young women with breast cancer and their families face many stresses. Coping with a serious illness and its treatment while you are young and actively raising children, and attempting to balance family, personal, personal, professional and health care concerns is an especially daunting task. Many available education and support programs for cancer patients do a good job of providing information about cancer and its treatment but few respond specifically to the needs of families like you, young couples with growing families. In fact there is relatively little research to guide the development of programs to help young women with breast cancer and their families cope with breast cancer and its treatment. This project aims to bridge this gap and has been funded for three years by the U.S. Army's Breast Cancer Research Program.

Before we go further and elaborate our plans for this group I think it would be helpful for each of us to introduce ourselves and especially for us to hear about what interested you in coming to this group. *(Start with the group leaders. Each participant is asked to say their name, something about themselves, what interested them in coming to the group and any topics or issues that they would like to see addressed by this group. Leaders summarize comments by participants, reviewing the range of expressed interests and goals for the group. This exercise takes about 20-30 minutes).*

I would like to start with three basic assumptions guiding this project:

**The first is our belief that breast cancer is a disease that affects the whole family--**the woman, her partner, their children, parents and extended family. This disease also affects friends and colleagues. Most educational and support groups for cancer patients focus on the patient only. While it is extremely important to attend to the specific needs of the individual fighting cancer, we believe that when you are a young woman with breast cancer, meeting your needs means attending to those of your family as well. We have asked both you, the woman who has had breast cancer, and your partner to attend this group. We do this because we know that breast cancer has a significant impact on spouses, and that spouses and their unique experience and concerns have been neglected and need to be heard and responded to. We also know that husbands often take on a major role in supporting their wife and children when a young mother is diagnosed with breast cancer and that their involvement is critically important to the health and well being of their wives and children. In fact, there is research indicating that the well parent plays an important role in buffering children from the stress of a spouse's illness. The spouses in this group can help us and help others by sharing your insights and concerns about changes brought about by breast cancer in the family, and ways you have learned to cope with these changes. We also will spend time discussing how children react to parental cancer, in particular how

children of different ages cope with an ill parent and the changes in family routines brought about by the illness, the kinds of behavioral issues that might emerge, and how to help your children cope optimally with illness in the family. *(For those in Expanded Intervention only: We also have developed an education and support program specifically for children whose mothers have breast cancer. I will talk more about this program in a few minutes).*

**A second basic assumption of this project is that each person plays many roles simultaneously in life,** being an individual with unique qualities, skills, interests, values, and goals, a partner in a marriage, and a parent. We have designed this group with an appreciation that a woman with breast cancer need not be defined by her disease or let the disease of breast cancer take control of any of these domains. Therefore we will spend time over the next few sessions looking at how to maintain the highest quality of life in all the roles you and your spouse play, i.e., keep illness in its place and not let it take over family life. To this end we will have sessions devoted to individual, relationship and parenting issues. I will discuss the particulars of the meetings to come in more detail in a few minutes.

**The third basic assumption of this project is that you are all normal people dealing with extraordinary circumstances,** and therefore we assume you come to this group with many strengths and skills for managing cancer and its personal and family impact. You are the experts on this experience. What we can offer you are some proven techniques to help you lighten your personal, interpersonal and parenting load. You also, I am sure, have much to offer each other, as you are all young families confronting a chronic disease and each of you has insights gained from your experiences that may be valuable to others in this group. We view this group as an opportunity for you to sharpen some of the tools you already have in your coping toolbox and to put some new tools into that toolbox (Like taking an elevator when you have a broken leg, it's not that you can't take the stairs it's just that there may be an easier way that frees up more energy for you to enjoy life and improve its quality.) Previous research has shown that education and support groups can improve the quality of life of cancer patients. While participation in these groups is not a treatment for cancer, but rather for the changes cancer brings about in family life, there have been two studies of patients with advanced cancer that have found an association between support group participation and longevity. Our goals in this group are more modest. We believe that if each member of the family can receive the information and support they need in order to adapt to the changes in their lives brought about by cancer, that this will better enable the woman with breast cancer and her family cope. One family member's illness affects every other member of the family, whose responses in turn further change the family environment. Because we do not yet know what is the best way to provide a program for the whole family we are trying a few different approaches. For example, we are having some groups that directly involve parents only and others that include a parents' and a children's' group. It is likely that both formats will be helpful to some families, and one of the goals of this project is to find out which format works best for which families, so that in the future we can provide the treatment that best matches a particular family's needs.

Now, let me review the agenda for our meetings. *(Participants are asked to open their notebooks to the Table of Contents Page).* We will take time today to examine your roles as parents and how to understand and respond to your child's reactions to illness. Even if your breast cancer occurred some time ago, it is likely that your children will still have some questions or issues related to your illness. *(Expanded Intervention only: Today your children will have the opportunity to have questions about cancer answered by our oncology nurse, our child life specialists, and our pediatric psychologist.)* At our second meeting, we will discuss stress management as a way for each of you to bolster your own personal resources in coping with breast cancer. We will discuss how your body responds

to stress and go over how to reduce this response. Some of the techniques of stress management, such as relaxation, can not only reduce stress but also have positive effects on your health such as lowering blood pressure and reducing physical symptoms such as headaches. We will also discuss how thoughts effect your mood and behavior and ways of thinking and coping that can effectively reduce stress. At our third and fourth meeting we will discuss techniques for improving communication within the family and with those outside the family, including friends, colleagues and the health care system. Finally, we will review how you can apply the skills you already have and some new you ones may take from this project to ensure the best possible long term healthy outcomes for you and your family.

Are there topics or issues you are wondering about or would like to see covered that we have not yet mentioned? *(Leave time for group members to respond. Hand out 3 x 5 cards on which participants can list any issues or concerns they would like to see covered. This will help assure that the group will be responsive to participants' interests and concerns within the context of the planned agenda for the four group sessions).* You also can catch up with us after the group today if you have questions or comments about any aspect of the group.

I will next tell you about the format of the group meetings. The group will work best with your active participation. From month to month we may ask you to do little practice assignments to try out the ideas and skills we discuss in the group at home. The start of each group will begin with a review of your experiences or comments about the prior meeting's topic of discussion. We will then provide a brief educational discussion about the current meeting's topic, lasting 15 - 20 minutes. We will take the remainder of the group to apply or practice the skills or issues brought up in the educational discussion. *(For those in the Expanded Intervention, the last 5 minutes of the group will be taken up with a review of what the children were working on in their session and ways to reinforce their learning during the month.)*

We also want to propose some group rules. One is that to make it comfortable to talk about your experience we ask that you not discuss other participant's stories outside of the group. This does not mean you are not to think about or discuss issues brought up by the group in between meetings--far from it. We think this group can be most effective if the skills and issues we talk about here are applied in your every day life and that you bring back your experiences to the group. We just ask you to use discretion, and not discuss other group members' names or particulars outside of the group.

*(Take time to answer participant questions.)*

## **B. EDUCATION**

**Children's adjustment to parental illness.** As was emphasized earlier, cancer is a family experience. Parents have a critical role in shaping the impact of a family member's illness on their children. A child's fundamental needs when a parent is ill have been well described by Dr. Harpham, a physician and mother, who herself has been fighting cancer for several years. She defines these as follows:

1. **Satisfying basic emotional and physical needs;**
2. **Understanding at their level what is happening, in terms of the parent's initial diagnosis, treatment and any ongoing care; and**
3. **Reassurance that they will be cared for no matter what happens.**

Today we will consider some ways to meet these fundamental needs of children through our discussion of communicating with your children about your illness and the changes it brings to family life. Establishing open and honest communication is essential to maintaining the child's trust. While it can be very hard to share your illness experiences with your children, they know something is going on even if they are not told directly. Sometimes their thoughts about what might be happening can be worse than reality and cause them a great deal of distress. When you are able to keep communication open you have the opportunity to correct any misperceptions, reassure them, and help them to cope with their concerns. This does not mean overwhelming your children with information they cannot understand or giving them unnecessary details. It does mean taking time to provide them with honest information about a parent's illness that they can understand. And, if they ask for information you can be pretty sure that they have been thinking about their question and that they need you to fill them in. We will take time in a few minutes to describe how to provide information to children of various ages, and also how to tell if your child is having difficulty coping with the changes cancer has brought to the family. Communicating with your children about your illness is an ongoing process and does not stop after you have shared information about your diagnosis and treatment. Even when you have completed treatment and all the outward signs of your illness are gone (e.g., hair loss, return to old routines) a child will still likely have questions and issues about your illness that will come up again and again. It often takes several discussions over an extended period of time for children to learn how to cope with your illness. And, as children grow and change very rapidly, it is often necessary to revisit old issues again as the child matures and needs to reexamine old concerns in a new way.

I am wondering if any of you have experiences you can share with the group on your efforts to talk with your children about your /your wife's illness and what sort of things may have helped or hindered your communication? *(Group leaders solicit participants' examples and use this opportunity to highlight the importance of developmentally appropriate, honest communication).*

We will turn now to a review of how illness is understood by children at different ages, the kinds of concerns they have about parental illness, some things you can do to help them cope, as well as behaviors that may signal they are having difficulty coping. Throughout this discussion we encourage you to share examples of your own experiences with discussing your illness and treatment with your children, as each of you have things you have learned that can benefit others in the group. *(Review Development Chart).*

#### **D. BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only)**

Today your children will be introduced to the purpose of the group and topics to be covered as we just did. The topics they will explore will include their perspective on how they coped and are coping with illness in the family, how to identify and appropriately manage their feelings, relaxation and problem solving exercises, and skills for getting along with others. Throughout the children's groups there will be a strong focus on their feeling good about themselves and reinforcing their self-esteem, as it appears that these are the areas that are affected most by a parent's illness. Their group is structured so that the children have a regular routine each meeting including: an introduction to the topic of the session, a review of what they were working on in the previous session, some time for play, games and stories that pertain to the issues being covered, a snack, and then a practice activity to reinforce what they have learned between meetings. Typically this will be a book you and your child can read or an activity that you can do together between our meetings.



Each meeting we will take some time to review what your children are doing in their groups so that you can help reinforce the skills they are learning. Today the children's groups focused on helping the children get to know one another, on how each of them is special and unique, and also on the ways they are alike, including that they all have moms who have been sick. They will be provided with developmentally appropriate information about cancer and hear stories by other kids whose mom's have had cancer. We hope that hearing the stories and listening to other children in the group will help your children "normalize" the experience of cancer and help correct any misperceptions they may have about cancer and its treatment. The younger children heard stories and made a group banner. The older children drew pictures of themselves and started a scrapbook to record the different activities they will be doing over the course of the group. We also are asking the children to notice something fun that they do with their family, as they will talk about the fun things they do with their families at the next meeting. *(Leaders ask for questions from participants regarding the children's groups. Children's group leaders join the parent group with the children and briefly review the children's activities).*

## **SESSION 2**

### **OBJECTIVE:**

1. Participants gain an understanding of physical and psychological stress responses and ways to manage stress, especially as it relates to cancer in the family.

### **OUTLINE:**

1. Review of the last session's topic
2. The body's response to stress, including: relaxation demonstration
3. The mind's response to stress, including: cognitive distortions, controllable and uncontrollable stressors, problem-solving, emotion-focused and avoidant coping strategies
4. Bridge to Children's Intervention Groups (Expanded Intervention Only)

### **SUPPLIES:**

1. Name tags
2. Pens
3. Parking passes
4. Refreshments: Coffee/bagels/napkins/plates/cups

### **HANDOUTS:**

1. Handout: Relaxation Audiotape
2. Handout: Resources on Stress management, Coping and Communication
3. Handout: Cognitive Distortions and Rational Alternatives
4. Handout: Methods of Coping
5. Handout: Resolve Method of Problem Solving

## SESSION 2

### STRESS MANAGEMENT: Your Body and Mind's Responses to Stress

#### A. REVIEW

*Group leaders ask participants for their comments about any issues discussed in the last group session and about the resource list and handouts provided. Parents in the Expanded Intervention are asked about their experiences with the books/activities that were recommended to them and their children.)*

#### B. EDUCATION, Part 1: Your Body's Responses to Stress.

Today we will be working on filling your "energy bank account". Some things we do help build our reserves, giving us the energy to do the things we like to do and the things we have to do. Examples would be a good night's rest, a talk with a close friend, hobbies, exercise, enjoying a job well done, and vacations. *(Leaders prompt group members for other, personal examples)*. Other things we do may deplete us such as not eating well, not getting enough sleep, attempting to do too many things and having too little time to do them and so on. *(Again, leaders prompt group members to offer their own examples of things that deplete their energy)*. In order to minimize our withdrawals and maximize our deposits it is important to understand the stress response and the things you can do to counter it. Today we will be talking about the impact of stress on your body and some things you can do to reduce or lessen its effects.

To begin, you are all experts on stress having coped with breast cancer in the family. I am wondering what are the things you feel and what changes you notice in your body when you are feeling stressed. *(Leaders prompt members to provide personal examples of how they identify their responses to stress)*.

From research done in the early part of this century we now know that our bodies have characteristic ways of responding to stress. Our mind and bodies actually change in response to stress. We call this response the "fight or flight" response. The fight or flight response is so named because the changes that occur to our body make it easier for us to fight or flee a potential stressor. This response probably developed over thousands or millions of years and was important to our ancestors to help them survive dangers, like fighting or running away from a ferocious animal. The changes in our body that occur with the fight or flight or stress response include:

- Increased muscle tension
- Increased heart rate
- Increased blood pressure
- Increased respiration
- Increased sweating

Other changes that occur include: dilation of your pupils, slowing of digestion, your hands and feet may get cold, and a narrowing of attention, with your senses becoming hyperalert so that you may respond quickly to the stressors.

The stress response is mediated by many different chemicals in the body, an important one being adrenaline or epinephrine. The arousal we feel provides us with great strength and speed for a short period of time and is essential to our ability to respond effectively when immediate action is called for. Once released, the stress response is often followed by feelings of tiredness, even exhaustion. Eventually we return to normal after resting.

Today we do not usually need to fight or flee to manage the stresses of our life, but our bodies still respond to stress in this characteristic way. For example, you may get upset about being stuck in traffic, but you can't get out of your car and fight with the other drivers, nor can you flee. If the stress response is chronically provoked with no opportunity for release, there can be a build up of tension. You can begin to feel like a bomb ready to explode, and you may let go of this tension inappropriately by blowing up at a friend or a family member.

*(Leaders: What sorts of things do you do when you feel this build up of tension? Does anyone routinely use exercise or relaxation to cope with feelings of stress?)*

**Relaxation and exercise are among the best ways we can let go of this tension as it accumulates.**

Today we will focus on learning some ways to relax that can help you release the tension that builds up from the repeated activation of this stress response. Before we begin this exercise, I would like to emphasize two more points about the stress response.

**One is that stress can occur because of any sort of physical or mental stressor.** Even if we are only thinking about a potentially stressful experience, the stress response can be generated. The body can't always tell the difference between a real event and one that you are thinking about. Thoughts can be stressors too. As an example, I imagine all of you can vividly recall the mental stress of waiting for the results of the breast biopsy and the way you felt at the time. *(Leaders prompt group: What thoughts went through your mind? What feelings went along with them?)* Thoughts can also be calming and help you reduce stress. *(Can you think of any examples? Leaders prompt group members to recall a self-comforting or calming thought).* And this is why we will practice a relaxation exercise in a few minutes that will include a part that focuses on relaxing imagery, that is, using your mind to calm your body and decrease your stress response. We will further discuss your mind's responses to stress and cognitive/psychological coping strategies in the second half of today's session.

The second point I would like to make is that **stress is cumulative and we each get signals from our bodies and minds when we are reaching our threshold.** We generally start feeling uncomfortable. Some of those signs can be feelings of anxiety or irritability, or physical symptoms, such as headaches and being tired. Each individual may have a unique set of signs. *(Take time to discuss with the group their own unique signs of stress.)* Sometimes we may experience a full blown stress response, with all of the physical and mental changes mentioned earlier, at other times we may notice small changes, like feeling a little more tension in our bodies. What do we do when we get these signals? Do we ignore them or do we take time to notice these stress signals and do something about them? You can think of these signals like the temperature light on your car. If you are driving along and the temperature light goes on, is this a good thing or a bad thing? It can be a bad thing because something is wrong with your car, but on the other hand it can be a

good thing because you know something is wrong and you can do something about it. Now, what would happen if you taped up the light when it went on or ignored it entirely? Chances are the car would break down. The point I am trying to make is that we experience the signs of stress in our body and in our mind and what we need to do is pay attention when that light goes on, and make some effort to release the tension.

Remember that the stress response isn't a "bad" thing. Just like the warning light on our car, we need it to alert us to potential danger and to mobilize ourselves for action. But as we don't always need to be in a state of high alert and poised for action, we can take steps to reduce the tension that can come with the stress response.

Finally, it is important to emphasize that there is no evidence that stress causes cancer. You cannot give yourself cancer by worrying or by getting overwhelmed by stress. We do know however, that individuals with cancer who have participated in a variety of psychosocial interventions designed to reduce stress have experienced improvements in quality of life and physical symptoms.

### C. PRACTICAL TRAINING

Today I will be leading you through some relaxation exercises. *(Have you ever practiced a relaxation exercise before? If so, tell me about your experience with the relaxation exercise. How was it helpful?)*

Relaxation produces the mirror image of the stress response in your body: your heart rate, blood pressure and breathing rate decrease, your muscles loosen and become less tense, and as the blood vessels dilate you may notice that your hand and feet get warm. Mentally, relaxation is characterized by feelings of calmness and well being. In other words it is the opposite of the stress response.

The relaxation exercise you'll be learning has three parts. The first part involves practicing some deep breathing. Deep breathing or "abdominal breathing" is when you bring the air as deeply as you can into your chest and abdomen. Your chest and abdomen actually expand, much as if you had a balloon in your belly expanding each time you inhale. When you exhale the chest and the abdomen flattens again. Because you are giving your lungs extra space to fill up with these deep breaths, your breaths are actually fuller than with chest breathing alone. This type of breathing brings about feelings of calmness and relaxation for reasons that are still not altogether clear to physiologists. This is a simple yet really effective way to elicit the relaxation response. In the second part, you will practice a progressive muscle relaxation exercise in which you will be tensing and relaxing muscles throughout your body. This exercise will help you become aware of tension in various parts of your body and of ways to reduce that tension. In the third part you will practice bringing a pleasant image to mind which you may use to help you relax even further. All three different strategies to relax can be effective, but one may work best for you. It will be up to you to practice these exercises and to decide for yourself what works best. Relaxation, like any other skill, requires practice in order for you to benefit most from it and to get the most benefit from this exercise. I have taped this exercise for you so you can go home and practice it. *(Ask the participants if they have tape players. If not, the patient may borrow one from the clinic for the duration of the study).* It is best to practice this exercise at least once a day, preferably not after meals and not before bedtime.

## **Relaxation Exercise**

To begin, get yourself into a comfortable position, and when you are practicing at home find a time and place where you will not be interrupted for about 10-15 minutes. You may need to give some thought to how you can arrange this time for yourself on a regular basis. You may want to close your eyes to help you focus on the exercise.

First, begin to pay attention to your **breathing**. Notice where your breaths are coming from. Are they coming from your chest or further down in your abdomen? I am wondering if you can breath deeply enough so that you can feel your breath coming from your abdomen. You may want to a place hand on your abdomen to feel it expanding each time you inhale. Take a few moments to see if you can deepen your breathing. As you begin to pay attention to your breathing simply notice the air going in and out. In and out. As you focus on your breathing, you may be able to imagine yourself breathing in relaxation and breathing out all tension. Just notice the natural and relaxing rhythm of your breathing. Now, I would like you to take a deep breath, hold and let go. Again, deep breath, hold and let go. One more time deep breath, hold, and let go. Return now to the natural and relaxing rhythm of your breathing.

## **Progressive Muscle Relaxation**

Next is an exercise in which you will become aware of tension in your body and then show you how to reduce this tension.

First, direct your attention to your right arm. Put your right arm out straight, make a fist and tighten your whole arm from the tips of your fingers to the top of your shoulders. Pay special attention to the areas that are particularly tight or tense. Relax and lower your arm, bending at the elbow and bringing it to rest by your side. Notice how it feels to have those muscles loosen and relax.

Now, put your left arm out straight and make a fist, and tighten your whole arm from the tips of your fingers to the top of your shoulders. Once again, pay special attention to the areas that are particularly tense. Relax and lower your arm, letting go of any tension that might be there. Notice how it feels to let those muscles loosen and relax. Just relax.

Next, we'll turn to the muscles of your face, starting with your forehead. Wrinkle up your forehead, until your entire forehead is really, really wrinkled your muscles tense and your skin furrowed. Feel how tight it is. Now relax, letting go. Feel the muscles loosen, and relax.

Now, close your eyes very tightly. Feel the tension as it radiates around your eyes. Now relax. Notice the difference in the way your eyes feel as you loosen the muscles.

Now, clench your teeth and tighten the muscles in your face. Feel the tension as it moves throughout your whole jaw. Now gradually relax your jaw, feeling the sensation of letting go.

Now, shrug your shoulders bringing both shoulders up towards your ears as if you wanted to touch your ears with your shoulders. Note the tension in your shoulders and up your neck; study it for a moment. Now let it go. Notice the difference in the way your muscles feel when you relax.

Now, tighten up the muscles in your stomach. Make the stomach very hard. Now relax. Let the muscles become loose once again. Just let go and relax. Notice the difference between the tension and the relaxation. Now lift your right leg and turn your toes toward you and tighten your whole leg. Feel the tension in your thighs, knees, calves, and arch of your foot and toes. Study that tension for a moment. Now gradually relax and lower your leg.

Now, lift your left leg and once again turn your toes toward you and tighten your whole leg. Feel the tension in your thighs, knees, calves, all the way down to your feet and toes study it. Now relax your leg, bending your knee and lowering it. Feel the tension leaving your body from your hip to your knee down to your leg to the tips of your toes.

Now, simply breathe deeply and calmly. You may wish to close your eyes, to help you focus your attention on your breathing. Let your breath take relaxation to each part of your body. I am wondering if you can begin to feel the relaxation flowing through your body with your breath. If you sense any tension anywhere in your body, see if you can use your breath to bring relaxation to it. Just keep breathing feeling the relaxation deepening more and more with each breath. Just relax.

### **Imagery**

Now I am wondering if you can bring to mind a very pleasant image. As you begin to get an image of a very pleasant place in you mind, I am wondering if you can get all of your senses involved in this image. Maybe this image can become so clear that you can see the sights that there are to see, smell the air, hear the voices and other sounds that may be at this very pleasant place, and feel what its like to be there. Take a few moments to get this very pleasant image clearly in you mind and then stay with for as long as you like. When you are ready, gradually let this image dissolve in your mind and come back to the rhythm of your breathing. Open your eyes when you are ready.

*(The leaders will then debrief the participants about their experience with the relaxation exercise e.g., on a scale of 1-10 where 1= not relaxed at all and 10 = very relaxed, how relaxed do you feel right now? Leaders also hand out audiotaped relaxation exercise for practice.)*

Practice your relaxation exercise at least once per day, and keep track of how relaxed you feel on a 1-10 scale where 1= not relaxed at all, and 10 = very relaxed, both before and after you practice your relaxation. Don't get discouraged if you don't feel deeply relaxed when you first start to practice relaxation. Relaxation is a skill that takes time to master, like learning to ride a bicycle or drive a car. It may feel awkward at first, but with practice you will be able to relax deeply and enjoy the experience. Let's take a moment to anticipate what things might get in the way of your practicing this exercise this week. What steps can you take to make sure you get some time to relax? We will review the relaxation exercise next time we meet and after the break we will discuss ways in which you can use your mind to decrease/control your experience of stress.

### **D. EDUCATION, Part 2: Your Mind's Responses to Stress**

*(Leaders pass out all handouts).* Earlier, we talked about stress reduction and relaxation with an emphasis on the **body's** response to stress--the fight or flight or stress response. We will finish up today by focusing on our **mind's** responses to stress--how our thoughts and feelings influence our experience of stress.

**Psychological stress responses** are the negative thoughts and feelings that occur when we do not feel able to cope. Negative thoughts, including "catastrophizing" statements such as: "I can't cope with this" "This is the worst thing that could happen" are often accompanied by negative feelings like anxiety, fear, frustration, tension, fatigue, guilt, hopelessness, and depression. When we focus on these feelings, we become less able to problem-solve and make needed decisions.

Alternatively, using calming and positive "self-talk" when we are in a challenging situation can be a very effective way to manage our emotional reactions to stress. An example would be telling ourselves to relax and slow down when we find our mind racing in reaction to stress, or distracting ourselves from upsetting thoughts by focusing on more positive things. We can also give ourselves encouragement by statements such as "you can do it" and "in time this will get better" and by not making things appear better or worse than they are. We are not always accurate in the ways we think about things and at times we may distort the picture. These inaccurate ways of thinking about things are called cognitive distortions. **How we think strongly influences how we feel and how we behave, and thus cognitive distortions will limit our ability to respond effectively to a stressor. Recognizing these distortions in our thinking is a first step toward developing more effective coping strategies.** We have listed some common cognitive distortions on your handout, entitled "Common Cognitive Distortions and Rational Alternatives" which you can read to learn more about ways of thinking that can exacerbate feelings of stress.

Think back to a recent time when you felt stressed, and then try to identify the thoughts that you had related to that stress. *(Ask participants to share their recollections, especially how their thoughts influenced their physical and emotional reactions to the stressor. Consider the following example: When you first heard that you had cancer (your wife had cancer) what did you think? How did you feel? Discuss how they appraised the threat and their ability to cope).* Emotions are greatly affected by the way we look at things. When an event occurs we try to make sense of it and our emotional response is a consequence of how we interpret this event. By changing how we think about things, how we evaluate a stressful situation, we can change how we feel. **Our evaluation of a stressor, how we think about it and what we say to ourselves about it, will have a very direct impact on how we feel and what we do in response to it.** While certain events are almost universally considered stressful, e.g., the death of a loved one or being diagnosed with cancer, the impact of these events still depends on the individual's thoughts. If your point of view is that a stressor challenges you beyond your capacity to cope, you are more likely to experience the psychological and physical responses that occur with stress. *(Discuss situations that the participants find stressful/uncomfortable. How did the participants' thoughts about the stressful situation affect how they felt? Explore differences and similarities in spouses with regard to what they find stressful, and how it can help to know each other's vulnerabilities and strengths to best support each other in times of stress.)*

## **METHODS OF COPING**

**If we believe that there are things we can do to manage a stressful situation, then the threat is reduced and we are less likely to experience a stress response.** There are many different ways of coping and no one correct way to deal with stress. Different coping strategies are effective at different times and we all use many different coping responses. Coping responses can include actions to directly change what is wrong and thoughts that lessen the emotional impact of the situation.



**The first step in coping with stress is to determine whether the stressor or problem you are dealing with is uncontrollable or controllable.** An example of an uncontrollable problem is the weather. It is impossible to change the weather, no matter how much we may want to or how hard we may try. Another group of problems are those that are controllable. This type may include things like waiting in the checkout line in the supermarket. While it is difficult to predict something out of the ordinary happening that will prolong your wait (like the register breaking down), it is possible to minimize the wait by doing things like shopping at off-peak times when the store is not so crowded, or stocking up on items so you don't have to go to the store quite as often. In this way, problems such as waiting in the checkout line are more controllable than problems such as bad weather.

Once you have determined whether the stress you are confronting is controllable or uncontrollable, **the next step is to consider which type of coping strategies will work best for that kind of a stressor.** Although there are many ways to deal with problems, we are going to discuss two main ways of coping: **problem-focused** coping and **emotion-focused** coping. Problem-focused coping refers to concrete, practical strategies we use to directly address the problem. An example would be wanting information about different kinds of cancer treatment and going to the library to get it. Emotion-focused coping involves accepting the situation, or thinking about pleasant things to take our mind off of what is bothering us. An example of this strategy would be to focus on your relaxation skills when you feel yourself getting anxious about a clinic visit. Drs. Richard Lazarus and Susan Folkman were two of the first researchers to find that particular types of coping are more effective for particular types of problems--like a matching the coping strategy with the problem for the best outcome. For example, for an uncontrollable problem like the weather, it is probably better to do emotion focused coping, like accepting the weather and telling yourself that you can do your outdoor activities on another day. There is nothing that you can directly do to change the weather. You must accommodate--change your plans or behavior to fit the situation. Thus we can successfully cope with a stressful situation without changing it. For another situation, such as waiting in the supermarket checkout, you can switch lanes to a shorter line or go shopping when the store is not as crowded--these are examples of problem-focused coping. Doing emotion-focused coping while waiting in the checkout line, such as thinking about pleasant things, may take your mind off the wait, but won't get you out of the store quicker. We have included a Problem-Solving Coping Strategy sheet in your handouts this week, which you may find helpful

There is also a third type of coping--avoiding the stressor. **Avoidance coping** includes the things we do to distance us from a problem and not think about it. Because avoidance coping is generally less effective than the other two strategies, we will not focus on it other than to briefly identify its benefits and costs. Some examples are: refraining from thinking about something that distresses us, avoiding people or situations that bother us, denying feelings, daydreaming, and trying to distract ourselves and reduce tension by smoking, eating, sleeping or drinking. Avoidance coping may be a first strategy for dealing with a stressor, like refraining from reading informational brochures about cancer and chemotherapy when you are first diagnosed with cancer because you are feeling overwhelmed. These strategies can provide some immediate relief and can even be helpful in giving us time to adjust to a stressful situation, especially one over which we have no control. However, while these behaviors can help us feel better in the short term, they may distract us from using more active coping methods to solve our problems and thus can be less effective. If used in situations where more active coping strategies might provide effective solutions, feelings of distress such as anxiety, depression, guilt and physical discomfort may actually get worse.

## **E. PRACTICAL TRAINING**

Now let's consider some potentially stressful situations and we would like you think about what type of coping strategies (problem-focused, emotion focused or avoidant) you might use to deal with these particular situations and evaluate how well your strategy(s) work.

*Example 1:* You/Your wife need(s) to go to the doctor for a check-up and you need to make arrangements for childcare. What sorts of thoughts go through your mind? What coping strategies might you use to reduce the potential stress of this medical appointment?

*Example 2:* For this example, I would like you to draw from your own experiences. Think of a situation that is stressful for you. (Discuss the situation and associated thoughts and feelings). What coping strategies could you use to reduce the stress of this situation?

You may have noticed that you and your partner have different ways of coping with stress. This can become particularly apparent when there is a crisis, like finding out you have breast cancer. (*Ask for comments from participants regarding this point*). Sometimes these differences in coping can cause strains in a relationship. For example, one partner may engage in problem solving coping to confront a stressor by actively seeking social support and information and the other may need time to reduce his/her immediate distress and use emotion-focused coping methods. In general, a coping strategy is not good or bad, and each person needs to identify strategies that work best for her/himself and the type of stressor he/she is facing as we just discussed. When coping strategies in a couple are "mismatched" it helps to acknowledge that each individual is trying to cope the best way he/she knows how, and to learn ways to communicate with each other that can help bridge these differences in coping style. As good communication is so critical to good coping, we will focus on skills for communicating with your partner, the health care system and your children over our next two sessions.

## **F. BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only)**

This week your children are learning about feelings. In particular they will be learning how to monitor and label feelings, and practice ways to regulate or manage their feelings. They will also work on learning how to accurately identify emotions in others. We have included some books on feelings for children of different ages that you may want to read with them over the next month, as this will help reinforce their learning.

Your children also discussed learning different things they do to relax. They will also be learning a relaxation exercise. You may be able to help reinforce each other in practicing your relaxation exercise by doing it together with your children. (*Leaders ask for questions from participants regarding the children's groups. Children's group leaders join the parent group with the children and briefly review the children's activities*).

## **SESSION 3**

### **OBJECTIVES:**

1. Participants gain an understanding of effective methods of communication in close relationships
2. Participants are introduced to the use of assertive communication, especially for use in interacting with the health care system

### **OUTLINE:**

1. Review of the last session's topic
2. Listening Skills
3. Speaking Skills
4. Assertive Communication Skills
5. Bridge to Children's Intervention Groups (Expanded Intervention Only)

### **SUPPLIES:**

1. Name tags
2. Pens
3. Parking passes
4. Refreshments: Coffee/bagels/napkins/plates/cups

### **HANDOUTS:**

1. Handout: Effective Communication Audiotape
2. Handout: Effective Communication Skills
3. Handout: Assertive Communication
4. Handout: More on Assertive Communication
5. Book: How to Talk So Kids Will Listen and Listen So Kids Will Talk by A. Faber & E. Mazlish

## SESSION 3

### COMMUNICATION I: Interacting Effectively with Friends, Family, And the Health Care System

#### A. REVIEW

*(The group leaders will review the participants' experiences with the relaxation exercises. Discussion should include how many times they practiced relaxation, what aspect of the training they found to be most helpful e.g., deep breathing, progressive muscle relaxation, and/or imagery, the degree to which the exercises enabled them to relax as well as any difficulties with the relaxation practice. The group leaders should reinforce the use of relaxation strategies, i.e., to release the physical tension associated with stress, promote feelings of well-being and reduce physiological stress responses. If time permits and there is interest, the group leaders may then conduct a brief relaxation exercise for the group. Group leaders should also ask for comments about the cognitive coping strategies reviewed in the last session).*

#### A. EDUCATION, Part I: Listening and Speaking Skills

Today we will be talking about communications skills. We will spend two sessions on communication, as our ability to communicate effectively is vital to solving problems, getting and giving information, and establishing and maintaining our relationships with others—all central to coping with stress. We all spend a great deal of our lives communicating. Yet, as vital and as common as this activity is, few of us have been taught or have systematically practiced the skills necessary to communicate **effectively**. Communication has a dual potential. (It's a double-edged sword). It provides a way to better understand each other better as well as the opportunity to misunderstand each other, to support each other and solidify relationships as well as create greater distance and estrangement, to gather accurate information that helps us make decisions, solve problems, and resolve conflicts or not. A major source of enjoyment as well as stress in our lives comes from our conversations with others. Having satisfying interactions with others depends on the choices we make about the words, attitudes, and behaviors we bring to any conversation—that is, our communication skills. Some of you are already skillful communicators—in this case what we discuss today can be a good review to help you further solidify those skills. Others of you, like most of us, may never have had the opportunity to be taught these skills. If this is the case, we encourage you to stay open to the communication tools we will be presenting and to give yourself a chance to try them out and see for yourself whether they can make positive difference in your interactions. The pay-off for effective communication is great – as can be the stress resulting from ineffective communication.

#### ADAPTING COMMUNICATION TO FIT YOUR GOAL

So how do we distinguish effective from ineffective communication? To some extent, what **effective communication skills are depends on the goal you have for a given interaction**. Sometimes, like with a health insurance company representative, your goals might be to get specific information or to get them to take some action you want. The skills required in this type of interaction – when a specific outcome and not the quality of the relationship, per se, is the major goal – are **assertion skills**. We will discuss this class of communication skills at the end of this session. First, we'll concentrate on skills needed for preserving supportive, close relationships – as between a husband and wife – where it's

not only important that we get what we want in a concrete way from interactions with our spouse but also very important to preserve feelings of mutual affection and trust. Now, let's break down effective communication into its most basic components, listening and speaking, and discuss them in more detail.

## **LISTENING**

First, let's review the **goals** of effective listening and then we will talk about the **specific skills** for meeting these goals.

**The first objective of effective listening is to obtain accurate information.** This is necessary to make correctly informed responses and to solve any problems that are identified. If we don't accurately understand what the other is trying to say, we may find ourselves reacting to an inaccurate interpretation of their message. We may hear conflict, disagreement, criticism, and threat where there is none – or at least not to the degree we misperceive it to be – and we may react defensively and argumentatively before we have an accurate understanding. Let's take an example: A couple has recurring conflict when one of them comes home late from work and the other complains. They argue each time about whether the lateness could have been avoided, whose needs should take priority and so on. The real "problem", however, may not be that one spouse comes home late repeatedly, the real underlying issues may be about their respective needs for independence, support and financial security. Until these needs, concerns, and point of view are accurately understood, the behaviors that lead to conflict are likely to continue, and a solution that addresses both persons' needs won't be possible. We can't solve problems or meet needs until we accurately know what the problems/needs are.

**The second goal of effective listening is to enable our partner to feel understood.** This is a basic need of human interactions. Conflicts can arise and escalate when partners don't feel that the other has heard or understands what they're trying to say. When someone knows they've been heard and understood, there often is no need to reiterate their position or express it more strongly and loudly! Often, enabling our partner to feel that we understand their feelings or opinions is the most potent way to help them feel respected, validated by and connected to us. Very often, no "solution" other than giving our partner a chance to be heard and understood is necessary or wanted!

The pay-off for effective listening is your partner is more likely to listen to and try to understand your feelings and point of view.

*(How can you tell someone is really listening to you? How would you describe good listening behavior? Group leaders will refer to member's responses when providing further information about good listening behaviors below.)* Let's get specific about what behaviors facilitate communication by writing them on the board.

### **Guidelines for Effective Listening:**

**Non-Verbal Behavior.** Show that you are listening and interested by your non-verbal behavior: make eye contact; keep an open posture facing the speaker; lean forward to show interest; use gestures (such as head nodding) and brief utterances (such as "uh huh" or "yes") to encourage the speaker; avoid reacting with "editorial" facial expressions (e.g., smirks, eye-rolling); don't try to listen and do something else at the same time (e.g., watch TV, read the paper, do household tasks).

**Eliminate Distractions.** Choose a time and place when both people can concentrate on the conversation, and eliminate distractions, e.g., turn off the TV; go somewhere you won't be distracted. Note that both the listener and the speaker have a role to play here. Before starting an important discussion the speaker should make sure that it is a good time for their partner to listen. It's not realistic to expect your partner to give you their full attention if they are in the middle of a favorite TV show or sports event or working on some project. When saying "No" to a partner's request to talk, two things are important to minimize your partner's feeling "blown off". First, acknowledge your partner's request and state why this isn't a good time. Second, try to identify a time when you will be available to your spouse.

**Try not to interrupt.** Interrupt the speaker only if something is getting in the way of your continuing to be able to concentrate, listen, and understand, e.g., physical discomfort, a strong emotional reaction or you are so confused you can't follow the speaker. Interrupting grabs the conversational ball away from the other person. Whenever possible, wait until it's time for you to become the speaker to ask questions as they may move the conversation in the direction of your curiosity instead of where the speaker wants to take it.

**Attend to the speaker's feelings.** Concentrate not only on what the other is saying about events or other people – the facts – but also on how he or she is affected by or reacts to these events or people, that is, their feelings, wishes, and conflicts. This means, "listening beneath the words" for how the speaker feels about what they are saying even if they aren't describing how they feel. The best way to get this information is to "put yourself in the speaker's shoes" as you listen and ask yourself the following: If I was the speaker how would I be feeling, especially about myself as a person? What would I be hoping and wishing for? What conflicts would I be experiencing? Information about the speaker's feelings can be gathered from their nonverbal communication, as well as from the words they use. When we attend very closely to both the speaker's message and his/her feelings we create the opportunity to truly understand the other's experience--to empathize with the speaker.

(It can be difficult to listen empathetically when the speaker is upset and expressing anger a complaint, or criticism. It may be useful at these times to recognize that the speaker is doing what he/she feels he/she needs to do to insure physical and emotional survival. If you try, you will be able to see how the speaker's words and actions are designed to help him/her cope and survive. Some people have very poor coping strategies-- they boast, belittle, criticize in an attempt to seem powerful, intelligent, or to get needs met. If the speaker's words are offensive to you, remember that these words are part of that individual's way of coping, no matter how maladaptive or misguided. If you are put off by a speaker's words, it may help to ask yourself what physical or emotional need the speaker is attempting to meet e.g., does the speaker feel threatened? Asking yourself these questions and keeping this perspective in mind can help you to listen with empathy. Of course, listening to offensive words is difficult, and at any time you can also let the speaker know that you will not continue to listen unless they can be less critical, etc.)

**Listen With Openness.** Being able to see the other person's point of view also means being willing to momentarily suspend our own opinions, judgments or perceptions, even when we may strongly disagree with the others point of view. This isn't easy! It's much easier to pass judgment on what you hear, to stop listening, to prepare your response, etc. However, by doing so you will miss the opportunity to know and understand the speaker's point of view, and to expose yourself to new

information and new experiences. It does not require that you agree with the speaker's point of view – just that you suspend expressing your own feelings and opinions until after your partner knows that you've understood accurately what they think and feel. When your mind is open there is room for the speaker's message to enter and be understood. This type of listening demonstrates respect to the speaker and tells him/her that you value them as a person, regardless of whether you agree with his/her perspective.

**Let the speaker know what you've heard and understood.** To make sure that you have not misunderstood and to let your partner feel understood you have to respond to the speaker. Briefly report your understanding of the speaker's point of view in your own words at a pause in the conversation. Be sure not to simply "parrot back" the speaker's own words. Simply paraphrase what your understanding is of the message and the message "beneath the words". You also may need to ask for further information to assure that you understand what the speaker is trying to convey. After you've responded to the speaker, she/he may clarify or correct something you've misperceived. Accept corrections from the speaker. The speaker is the only expert about what message he/she intended to send.

### **"Blocks" to Effective Listening**

Good listening also means avoiding certain behaviors that can interfere with our ability to accurately hear the speaker. Many "listening blocks" occur by our interrupting the speaker or taking our focus of attention away from the speaker. They include:

Mind reading: Not taking what the speaker says at face value. Assuming you already know what the speaker is going to say, drawing conclusions, making interpretations, "reading in" criticism, and disregarding what he/she is actually saying

Filtering: Only hearing part of the message e.g., listening only to those issues you want to respond to

Judging: Forming a judgment about what the speaker has to say, or listening for the purpose of gathering evidence to assign blame to or criticize the speaker

Rehearsing: Planning what you will say in response to the speaker, rather than listening

Daydreaming: Letting your mind wander

Advising: Offering solutions or suggestions when unsolicited. Wait until the other has requested it and until it is time for you to express your opinion. Offer a sympathetic ear and allow the speaker to find his/her own answers first

Derailing: Attempting to get the speaker off a topic that is uncomfortable or re-directing the speaker, sometimes with humor

*(Can you think of others?)*

(The audiotope we will provide you along with this session discusses these and other listening "roadblocks" in greater detail. "Advising", "Derailing", and "Placating" commonly arise when a speaker is expressing negative feelings that are uncomfortable for the speaker and/or the listener. These listener responses may be used with the best of intentions, i.e., to offer advice or to comfort the speaker. They may also result because the listener wants to

avoid the discomfort associated with the emotion or topic the speaker is expressing. For example, listeners sometimes say things like "Don't be so upset. It's not so bad. You shouldn't be worrying about that," in an attempt to reduce the distress of the speaker. This type of response can make the other feel worse – that they are being judged as "wrong" in their feelings and that they are not understood and not accepted.)

## **SPEAKING**

Now, let's review the **goals of effective speaking** and then we will talk about the **specific skills** for meeting these goals.

**The first goal of effective speaking is to express your wishes, needs, and feelings as fully, honestly, and accurately as is needed.** (Again, the extent to which openness is warranted depends on the goal and nature of the relationship.) Open, honest, effective expression does not mean, "letting it all hang out". If we care about the impact on others of what we say and how we say it, then some deliberation and restraint before speaking are advisable.

**The second goal of effective speaking is to make it easier for others to listen to and to understand you and to motivate your listener to respond to your needs.** In order to do this you must learn to express yourself in a way that minimizes any sense of threat or defensiveness that the other might experience in listening to you. This is not so important in ordinary conversation, but it is very important when you are trying to work through a problem or conflict, as it allows you and your partner to focus on important aspects of the problem and work toward solutions.

### **Guidelines for Effective Speaking**

**Show understanding and respect for the other person's point of view before you express your own.** In an ordinary back and forth discussion when you've taken a turn as listener, this is taken care of if you've made an empathic, reflective statement about what you heard. You can also show your understanding of the other person even when you are the one initiating the topic. For example, suppose you'd like your kids to stop dropping their coat on the floor as soon as they enter the house. You might say: "I know you're tired when you come home from school and just want to crash for a bit..." That is, say something that will make the person feel understood, not threatened. When you first acknowledge the other person's point of view or needs, it decreases the other's defensiveness and increases their openness to listening to you.

**State your opinions, perceptions, wishes, feelings, and recollections subjectively.** This means making "I statements" instead of "you statements" – speaking on the subject of yourself and how you see things or feel and only on the subject of yourself. Instead of saying "You're making me angry," take responsibility for your own feelings by saying "I feel angry when..." "I can see why you feel that way" vs. You really get bent out of shape don't you". When we state our wishes and desires in subjective terms (e.g., "I'd like it if..." "I want..."), the other person is less likely to feel challenged and threatened. If, on the other hand we talk about what is objectively so, how things should be, how most other people do things, what is correct, morally right, and so on, then there is the implication that we are the authority and that our listener is wrong. Others are apt to disagree with us or feel challenged and defensive when spoken to this way.



**Express your feelings.** Feelings are often a very important, sometimes the most important, aspect of a conflict. For example, stating "It discourages me when I see things lying around after I just finished cleaning." or "I feel nervous and antsy when we're running late for an appointment," makes the other person aware of how you feel and may change their perception of the situation and can evoke concern, sympathy, and cooperation.

**Be specific rather than global in your feedback.** For example, instead of saying: "The family room is always a mess. You never pick up" try, "When I walked into the family room this morning and saw things strewn about after I cleaned it yesterday, I felt really discouraged and annoyed." Being specific and concentrating on the actual behaviors which you'd like to see changed, rather than on generalizations, makes your statements more credible and tends to lessen the other's defensiveness. When making a request for change, try to pinpoint times, places, and circumstances that have led to your desire to see change. It's also important to be specific about what behavior change you want. For example, instead of saying, "I want you to be more considerate," or "I don't want to be taken for granted," say "I'd appreciate it if you would bring your dirty dishes up from the family room rather than leave them there for me to pick up the next morning."

**State the positive.** We often have positive feelings or attitudes about the other person that are related to the issue at hand or which serve as our motivation for requesting changes. These positive feelings and perceptions may go unstated, and as such, we lose the opportunity to motivate others to be open to listening to and responding to what we are saying. For example, when making a request that a spouse help with readying the children for bed it would be important to acknowledge the positive first: "I really appreciate that you take over entertaining the kids when you come home so that I can get dinner together without interruption."

It is especially important, when requesting a change in behavior, to state your view of the benefits you and the other person would derive if the other person would help you to meet your needs. To illustrate this, let's return to the above example of the spouse asking for help with the children at bedtime.

"I really appreciate the way you take over entertaining the kids when you come home from work so that I can get dinner together without interruption – especially when I know you're looking for some peace and quiet at the end of the day. And I know that you do your share of childcare in lots of other ways. I'd appreciate it if you could help me with getting the kids bathed and ready for bed at night as well. I often feel frazzled and worn out at the end of the day when I have to get both of them ready. By the end of this I often don't have the energy or time to just spend a little while talking or watching TV with you, and I miss that. It would help me feel less stressed if we could divide up that job, and I think that I could have more energy and be more relaxed so that we could have a little quiet time together in the evening."

Paying attention to these skills, and avoiding the pitfalls just mentioned, can help ensure effective communication. Now, I would like the group to try an exercise in active listening.

### **C. PRACTICAL TRAINING**

For this exercise you will divide up into pairs with one of you taking the role of the speaker and the other the role of the listener. It doesn't matter what the speaker chooses to talk about, but it might be easiest to do this exercise if you pick a topic that genuinely interests you. The listener will then summarize what the speaker has said and the speaker will let you know if you left anything out. Next, you will reverse roles.

As a **speaker**, your job is to follow these rules:

1. Explain your point of view clearly and briefly. Be specific. (Avoid absolutes e.g., "always", "never")
2. Talk in terms of yourself and your experiences. Describe your feelings and needs. Use "I" statements. (*Review differences between "I" and "You" statements*)
3. Stop and let the listener paraphrase.

As a **Listener**, use active listening skills, including:

1. Be aware of the speaker's and your own non-verbal behaviors.
2. Listen closely to really understand your partner's feelings, opinions, and needs.
3. Paraphrase what you hear, to be sure you are listening accurately--not only to what the speaker is saying, but also equally to the speaker's feelings about their experience. Suspend judgment of the speaker's point of view. (Avoid minimizing, discounting what is said.)
4. Ask questions to clarify only
5. Don't interrupt

Notice that the listener skills are more demanding than the speaker skills!

Now that we've reviewed the guidelines for good listening and speaking skills, we would like to do a little role-play to show you what the two different roles--attentive listener and speaker--would look like. Pay particular attention to what the listener does and doesn't do. Notice that the listener may stay in that role--just reflecting back what he or she hears for several exchanges. Generally we encourage you to do just that--to keep listening for as long as you can, until your partner is finished or until you won eagerness to speak is getting in the way. (*Leaders will briefly demonstrate a 2-3 minute interaction to exemplify listener and speaker skills. Leaders ask for any comments or questions to further clarify the exercise. A 3 x 5 card with the speaker and the listener rules printed on them is handed to the pairs. Each pair will spend 5 minutes in one role, and then switch roles for the second five minutes. After all pairs have completed this exercise, the group members will be prompted to share their experiences with this exercise with the other group members. The group leaders will use this opportunity to reinforce the skills introduced above.*)

(*Hand out audioteape on Effective Communication to participants.*) In this audioteape a husband and wife are talking – first ineffectively and then using effective communication skills. Play this audioteape before our next session, and when you listen try to notice specific differences in the behaviors of the couple between the two interactions. Also notice the different outcomes in the two interactions.)

## B. Education Part 2: Assertive Communication

*(Depending on the time that remains, portions of this section may need to be carried over to the next session.)* We will now turn to communication skills that are useful not only for close relationships, but also are especially helpful for dealing with getting your needs met in the health care system. As mentioned earlier, we call this set of skills assertive communication.

**Assertive communication** is a way of expressing how you feel and making requests that respects both your needs and those of the person you are addressing. It is an "I count, you count" way of communicating. Beyond just stating your rights and needs, being assertive means you can disagree with someone openly, you can ask for clarification and information, and you can say no. Some major advantages of this style of communication are your active participation in negotiating important decisions, getting what you want without alienating others, and positive self-esteem from respectfully exchanging feelings and ideas. In short, when you are an assertive person, you can be more relaxed in interpersonal situations, thus good assertion skills are another important way to minimize and cope with stress. Assertive behavior needs to be distinguished from two other basic styles of communication that tend to be less effective.

One is **Passive** communication. In this style, feelings, thoughts and opinions are withheld, expressed indirectly or only in part. It is a "You count, I don't" way of communicating. Some advantages of passive communication are that you don't have to take a stand and are often able to avoid conflict. However, the disadvantages are that you have to live with other's decisions when your needs are not met and concerns are not voiced. Passive communication skills can lead to depression, frustration and anger. Passively enduring too many occasions of perceived unfair treatment can lead to hostile blow-ups and interpersonal conflicts. Consistent use of this style of communicating can also lower self-esteem, as you deny your own needs, while accommodating the needs of others.

A third basic style of communication is **Aggressive**. In aggressive communication, the speaker clearly states his/her feelings, opinions and needs, but at the expense of someone else's feeling and needs. It is an "I count, you don't" style of communicating. The advantage of aggressive behavior is that you may get your way as others do not want to argue with you. The disadvantage is that others may come to avoid you and go behind your back to get what they want or need. Aggressive people also tend to acquire enemies who can undermine their ability to get what they want in the long run.

While nearly everybody can be assertive in some situations, assertiveness is a skill that each individual may find easier to use in some situations than in others. One of the situations in which many people find it difficult to be assertive is when dealing with the health care system. In fact, one study showed that patients go to a doctor's visit with an average of four questions they wish to ask and leave their visits having asked, on average, only 1.5! *(Ask participants for comments about what situations they have found difficult in interacting with the health care system and what useful strategies they have found).*

There may be several reasons why it is difficult for patients and their families to assert themselves with health care personnel. One may be the fear they'll antagonize or alienate their health caregivers if they are perceived as making too many demands. This fear can be exacerbated by their vulnerability and dependency on the expertise of medical professionals during times of illness as well as by the manner of some caregivers.

Another reason that patients may avoid expressing their needs is that they have a history of trying to get answers to questions or responses to needs that were unsuccessful or, worse,

led to annoyance or anger on the part of the other person. Such negative past experiences can result in anxiety and fear of disappointment whenever the person is faced with having to ask for things or demand their rights in the future.

An undesirable consequence of these fears is that the individual may delay bringing up questions or stating his/her needs promptly. The longer the delay, the more likely the person will feel stressed and angry, such that when the person finally does bring up the issue, they are likely to do so when something has happened that is "the last straw" or when their anxiety has reached a peak. Under such circumstances, it is even less likely that the person will be able to assert him/herself skillfully, e.g., "without venting". An unskillful approach is more likely to lead to disappointing results or annoyance from the other – thus, perpetuating both the person's negative expectations about being able to get what they want and their pattern of avoidance.

In your handouts is a sheet called "Assertive Communication" which provides some examples of assertive, passive and aggressive behavior regarding some common health care situations. Let's review these examples and the costs and benefits of assertive, passive and aggressive communication in each.

*(Leaders review as many examples as time permits and encourage participants to read second handout with further details about assertiveness. The leaders should also encourage participants to comment on their own experiences with getting their needs met in the health care setting.).*

**Summary of Communication Skills.** Effective communication is a complex skill and to become a master at it takes thoughtful effort and practice. Some of the skills we discussed today may be new and may not feel natural to you, but as with any new skill the more you practice, the more natural these skills will feel. When you try these skills, notice any changes that occur in your conversations. Then, if you like what happens, you can adopt these ways of communicating as your own. We hope you will listen to the audiotapes and review the handouts for this session. The communication skills we discussed today not only apply to your conversations with adults, but also to your children. At our next session, we will discuss in detail how these guidelines work with your children and review the issues we have been discussing over the past few months.

#### **E. BRIDGE TO CHILDREN'S INTERVENTIONS (Expanded group only)**

This week your children are learning about coping and problem solving strategies, similar to what we discussed in our last session. They will discuss how to use problem solving to cope with their feelings. They also will talk about friendships--how to be a friend and how to cope when others may not behave in friendly ways. Younger children will explore how friends help them feel good by playing with them and doing things together. Older children will discuss problem solving and assertiveness in regard to dealing with peers. You also will be provided with age appropriate books on coping and friendships that you may read with your child over the next month to help them continue learning about ways to cope and ways to establish good friendships. *(Leaders ask for questions from participants regarding the children's groups. Children's group leaders join the parent group with the children and briefly review the children's activities).*

## **SESSION 4**

### **OBJECTIVES:**

1. Participants extend their understanding of effective communication to skills of particular relevance to conversations with children.
2. Participants review the life changes brought about by cancer and the ways the skills discussed in the group can help reduce stress and enhance "life after cancer."

### **OUTLINE:**

1. Review of the last session's topic
2. Effective Communication with Children
3. Personal changes brought about by cancer in the family
4. Review & Feedback
5. Bridge to Children's Intervention Groups (Expanded Intervention Only)

### **SUPPLIES:**

1. Name tags
2. Pens
3. Parking passes
4. Refreshments: Coffee/bagels/napkins/plates/cups
5. Four Posters on communication with children
6. Post-Intervention questionnaires

### **HANDOUTS:**

1. Handout: Effective Communication with Children
2. Handout: Aspects of My Self Exercise
3. Handout: Priorities Exchange Exercise

## SESSION 4

### COMMUNICATION II: Effective Communication with Children; Personal Changes Brought about by Cancer in the Family; Review and Feedback

#### A. REVIEW

*(The group leaders will ask the participants to report on their experiences with the communication skills discussed last session, responding to any difficulties encountered and acknowledging successes.)*

#### B. EDUCATION

This is our last session. In the first part of our session we will discuss how to apply the communication skills we have been working on to your interactions with your children. In the second part of our session we will do a brief exercise to examine personal changes brought about by cancer in the family. We do this exercise to help focus your thoughts on how you may use the skills we have worked on in this group to enhance any positive changes you have noticed in your own life and relationships with others, and to minimize the impact of any negative changes that have occurred. We will end today's session by taking time to review what we have accomplished in this group and to get your feedback and comments.

*(Leaders provide Effective Communication with Children handout.)* **Listening to children.** Just as with adults, your conversations with your children will benefit from the use of good listening and speaker skills. Of course with children it gets more complicated as their own communication skills are still developing and their developmental level will affect their ability to understand what you are trying to communicate. *(For those in the Expanded Intervention Only: The group leaders will remind the participants that the children's groups have devoted a lot of time to helping children develop good communication skills by helping them to identify and cope with their feelings and to learn ways to solve problems by "using their words".)* Today we will focus on ways to help your children deal with their feelings. Much of the information we will be discussing comes from the work of Adele Faber and Elaine Mazlish, who have written some well-known and helpful books on childrearing, such as "How To Talk So Kids Will Listen And Listen So Kids Will Talk", which you received last time we met.

**Helping children deal with their feelings.** Anyone who is a parent is well aware that children's feelings have a direct influence on how they behave. An angry child is apt to talk back to you or hit his/her sibling. A happy child may ask to help with the dishes, or assist a sibling with his/her homework. This is not rocket science. The tough part is helping kids manage their feelings and by doing so controlling their behavior. One of the most important things we can do in this regard is to accept their feelings. It is common for parents to be uncomfortable with some of their children's feelings. Some examples would be when children are angry and hit their sibling, or call each other names. When we see these types of behaviors we want to stop them immediately and to do so we may say things like: "There's no reason to be so upset," (Think of how you have felt when someone has responded this way.) Or "You two always behave this way when you are tired so it's early to bed tonight". What these types of responses do is invalidate, ignore, minimize or explain away the feelings that led the children to the problem behaviors in the first place. When we do this on a regular basis we prevent both the children and ourselves from learning to recognize their feelings and learning to deal with them in appropriate ways. When we tell a

child who is angry that there is no need to be so upset we are fundamentally denying their feelings (their experience of a situation). From the child's point of view, when we deny his/her feelings, we can confuse them e.g., "Why does mom say I shouldn't be so upset when Michael just broke my Lego building?" enrage them, "Not only did Michael break my Legos, but mom is yelling at me now!" and show them that we don't appreciate their point of view e.g., "I just spent an hour setting up this building and Michael comes along and breaks it and all mom cares about is my yelling at him. What about how I feel?" Admittedly, we may not like the feelings they are expressing and certainly we do not need to tolerate any aggressive or mean behaviors that arise from their feelings. However, we will not be able to help them behave in different ways unless we help them identify their feelings and learn appropriate ways to behave when they experience those feelings. We don't have to accept how the child expressed their feelings (how they behaved) to accept the feelings themselves. Let's look at another example to reexamine what can happen when we ignore or acknowledge our children's feelings, and how things can be different when we pay attention to those feelings and help the child learn how to deal with them appropriately.

Scenario # 1: Provide cartoon of parent ignoring the child's feelings and child's response (Show cartoon C)

Scenario # 2: Provide cartoon of parent acknowledging the child's feelings and the child's response. (Show cartoon C)

What do you think accounts for the different outcomes from these two different scenarios?

*(Ask participants for their reactions. If at this time participants are having difficulty understanding how this approach can be helpful, an adult demonstration can be enacted where one group leader takes the role of the angry person and the other of the a partner who denies or minimizes the angry person's feelings. [Angry person: "I asked you to come home early so that we could make it to Sam's little league game!" Partner: "Well, there is no need to be so angry. I am sure we can get to game at another time."] Solicit feedback from the group about how the partner's response may have aggravated the angry person and what alternative responses might have been more helpful. The group leaders can provide feedback about how the participants' suggestions would have worked from the perspective of the role they are playing).*

As a guide to how you can help children deal with their feelings, the following suggestions are offered:

1. Listen with full attention (Show cartoon A)
2. Instead of questions and advice, acknowledge the child's experience. (Show Cartoon B)
3. Pay attention to feelings and give them a name. (Cartoon C)
4. Instead of explanations and logic, give a child his/her wishes in fantasy (Cartoon D)

*(Leaders will solicit comments from group members and help clarify any questions or concerns)*

Some cautions:

1. Negative emotions need special attention.

2. When some children are upset they do not want to talk about their feelings. Sometimes just your presence or giving them time and space to calm down can help.
3. Try to match the child's level of intensity. Don't over or underplay their emotional reactions.

### **C. PERSONAL CHANGES BROUGHT ABOUT BY CANCER IN THE FAMILY**

For the past several weeks, we have discussed and practiced stress management and communication skills as ways to enhance quality of life and cope with cancer in the family. Now we will take a more philosophical turn and use this last session to examine how cancer has affected your view of yourselves and how it may have changed your priorities for yourselves and your families. To this end we will do an exercise that focuses on clarifying characteristics of your self that you see as most central and value most. Then we will discuss how to bring your activities into line with who you are and what you value in life, using the coping and problem-solving skills we have been discussing over the last eight weeks. This is a brief exercise and we appreciate that examining your personal and family characteristics and goals is a complex, lifelong process. However, we hope that it will provide you with some insight and information about yourselves and your priorities that will help guide you in your future efforts to cope with your lives "after cancer." (Leaders provide "Aspects of My Self" handout).

#### **Exercise 1: "Aspects of Myself Exercise"**

Step 1. List all of the aspects of your life before being diagnosed with breast cancer or before your wife was diagnosed. Consider important aspects of your self--those characteristics without which you would not be you. These can be roles that you play (mother, father, sister, brother, boss, homemaker, etc.); activities that you do (volunteer, hobbies) specific characteristics of your self (body image, personality characteristics, beliefs); places that are important in your life or any combination of the above.

Step 2. Draw lines connecting any aspects you feel are related.

Step 3. Circle all aspects of your life that have been affected by breast cancer.

Step 4. Indicate with a +/- whether these aspects have been positively or negatively affected by cancer.

Step 5. Answer the question at the bottom of the page about your satisfaction with your life before you/your wife was diagnosed with cancer.

When you are finished, turn to the next page and list all aspects of your life after being diagnosed with breast cancer (since your wife's diagnosis with breast cancer). Proceed through steps 2 - 4 above again. Do step 5 for your satisfaction with your life after you/your wife was diagnosed with breast cancer. Consider how cancer may have changed your self-image--What aspects of your self have changed? What aspects remain the same? Consider which characteristics of your self are most important to your living life as fully as possible. Consider how the skills we have been discussing and practicing in this group can help you meet your personal and family goals.

(You also may want to try an exercise called the Priorities Exchange, [provide Priorities Exchange handout] that is designed to help you define family priorities and to problem solve about how to have family activities reflect family priorities.)



#### **D. REVIEW AND FEEDBACK**

Leaders will briefly summarize the goals and activities of the Families Coping With Cancer Project and then open the floor to the participants so that they may review and comment upon their experiences in the group. Leaders should try to help participants identify the most and least useful aspects of this group experience.

#### **E. BRIDGE TO CHILDREN'S INTERVENTION (For Expanded Intervention participants only.)**

This session the children will be reviewing what they learned by working on a scrapbook compiled from activities they have been doing over the course of the group. They will also receive a certificate, acknowledging their achievement in completing this group. They will end by having a little party to celebrate their accomplishments and to say good-bye to the other group members. *(Leaders ask for questions from participants regarding the children's groups. Children's group leaders join the parent group with the children and briefly review the children's activities. Children are presented with Certificates of Accomplishment when they join the parent group.)*

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**APPENDIX 2:**

**PRESCHOOL AGE CHILD GROUP  
INTERVENTION MANUAL**

# **FAMILIES COPING WITH CANCER PROJECT**

## **Treatment Manual: Younger Child Group (Ages 4-6)**

**Funded by: U. S. Army Materiel Command 1997-2000**

**Family Intervention for Young Women with Breast Cancer**

**Sally E. Tarbell, Ph.D.  
Principal Investigator**

**SESSION 1**

**ALL ABOUT...  
US AND OUR FAMILIES**

**Main Objectives:**

1. Build rapport and group cohesion
2. Reinforce individual strengths
3. Normalize experiences
4. Provide accurate information about cancer and correct misperceptions.

**Outline:**

1. Introductions
2. How we're different/ how we're the same
3. All about families and cancer
4. Snack and review
5. For next time

**Materials:**

1. Polaroid camera & film
2. Name tags
3. Introductory song
4. Crayons/markers
5. Roll of newsprint
6. Brown, yellow, red, and black yarn
7. Brown, blue, and green "eyes"
8. Glue, glue sticks
9. Stuffed animals (i.e., lion, elephant)
10. Animal doll family
11. Bubbles
12. Snacks
13. Closing song
14. Boom Box
15. Scrapbooks

**Books:**

We're All Special A. Maguire (1995)  
All By Myself M. Mayer (1983)  
Leo the Late Bloomer R. Kraus (1971)

**Handouts/Takehomes:**

Page 1 (All About What I Look Like)  
When Eric's Mom Fought Cancer J.Vigna (1993)  
Paper Chain ; C. Blake et al. (1998)(they keep)  
Guess How Much I Love You S. McBratney (1995)

## **I. INTRODUCTIONS (10 mins.)**

*(Facilitator should be wearing a nametag when the children arrive. Children are assisted with writing their names on name tags as they enter the room. Two Polaroid pictures of each child are taken. Children will sit in a circle. Each child will have 1 of his/her Polaroid pictures in front of him/her. )*

*(Facilitator sings an introduction song, introducing her/himself and then naming each child who is in the group. Facilitator will sing a song at the beginning of each session to assist the children's transition to the group and to reinforce group cohesion). **Welcome to our group. We will be doing a lot of different things here, like playing games, reading stories, singing songs, and making pictures.***

**We need to have some rules for this group so that everyone can get along and be friends. One rule is to quiet down when I go like this.** *(Facilitator puts finger to lips.)* **Another rule is to share the things that are in this room. Another rule is no hitting or saying mean things to each other. Does everyone understand?**

**You each have a picture of yourselves. Hold it up so everyone can see.** *(Children hold up their pictures.)* **Now, put your picture in front of you and stand up. We're going to play a game.** *(In the game children walk around in a circle to music and the person who is "it" stops when the music stops, picks up the picture in front of him/her and shakes that person's hand. In the next round, someone else is "it.")*

## **II. HOW WE'RE DIFFERENT/ HOW WE'RE THE SAME (40 mins.)**

*(Get out roll of newsprint and lay it on floor with some crayons and markers).* **We're going to make a banner about this group. It's important for the banner to show that everyone here is an important part of the group.**

*(Facilitator calls children, one by one, and instructs them to sit at a spot next to the roll of newsprint. Facilitator traces each child's hands on the roll of paper in color of child's choice and writes his/her name. When banner is done, facilitator hangs it on the wall.)* **What a good banner. The group is made up of everyone here. One thing that I notice is that everyone's hand is different.** *(Point out differences among pictures e.g., size, crayon color).*

**Each of us is different in special ways. Here's a book about how everyone is special. (Facilitator reads We're All Special.) One way that you are special is that no one else looks exactly like you. (Pass out Page 1: All About What I Look Like). This page consists of a body outline. Provide children with different color googly eyes and yarn to match their features, i.e., green eyes, blue eyes, brown hair, blond hair. Facilitator helps children choose features that match their own and glue them onto the cut out. Children can take some time to color the rest of their picture.)**

**Another thing that makes us different from each other is the strengths that we have. (Using Lion and Elephant stuffed animals.) For instance, Ms. Lion's strength is her mighty roar that protects the other animals and Mr. Elephant's strength is that he can use his trunk to wash himself and his babies. Each of you has different strengths too.**

*(Facilitator reads two books described below. If time is short the leader may choose to read only one.)*

**Book 1 : All By Myself by Mercer Mayer**

**You all do some important things by all by yourself. Here's a story about learning how to do things all by yourself. (Facilitator reads All By Myself by Mercer Mayer. For each picture in book ask: Who can do \_\_\_\_\_ all by themselves? Allow time for children to respond.)**

**Book 2: Leo the Late Bloomer by Robert Kraus**

**There are some other things that adults and bigger kids, maybe some of your brothers and sisters, can do but that you haven't learned how to do yet. Let's read this story now. (Facilitator reads Leo the Late Bloomer by Robert Kraus.) What did you think of that story? What could Leo do when he needs help? (Children respond. Facilitator emphasizes asking for help from an adult or older sibling.)**

**We've talked about the ways that we're special. One way that we're all the same is that we're in this group. Another way that each of you is alike is that your moms were/have been sick.**

### **III. ALL ABOUT OUR FAMILIES (20 mins.)**

*(Using animal family.) This is the Bunny family. This is the daddy bunny, the mommy bunny, and the little girl bunny and boy bunny. (Facilitator elaborates on family roles. Facilitator elicits children's responses about their own families, i.e., "What color is your mommy's hair?", "What is your brother's name?", etc.)*

*(Using puppets.) One day the mommy bunny got a hurt right here. (Points to chest of puppet.) She had to go to the hospital. I wonder why she went to the hospital? Can anyone guess why? (Children respond.) Did any of your moms go to the hospital to sleep overnight? Did you go to the hospital to see your mommy? What do you remember about the hospital? One thing that was different for the baby bunnies when their mom got cancer was that they missed her more because she was at the hospital sometimes. Do you think that they worried when she was at the hospital? (Children respond. Facilitator addresses issues that emerge from group discussion and responds accordingly.)*

*(While children are engaging in imaginative play with the stuffed animals.) What things did you worry about when your mom had cancer? When a mom or dad in a family is sick, it can change the ways family members feel. It can also change how they get along with one another. Have you noticed some changes in how you feel or how you get along with others since your mom has been sick? There are also a lot of things about families that don't change when someone is sick. For example, most people still care about each other and want to help each other. What stayed the same in your family?*

### **V. SNACK AND REVIEW (10 mins.)**

*(Get out snack and ask children to assist with tasks e.g., pass out the napkins, pass out the drinks)*

**Today, we have a special guest with us for snack time. Her/His name is (name of oncology nurse). She/He is a nurse who takes care of people who have cancer. (Oncology nurse introduces him/herself and offers to answer any questions the children have about cancer and its treatment.)**

**Now, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.**



*(Children say what they did during the session and the facilitator writes their comments on newsprint.)*

**VI. FOR NEXT TIME (5 mins.)**

**For next time, I'd like you to tell about something fun that your family do together.**

*(Facilitator sings closing song.)*

*(Children meet their parents at the parents' group. Facilitator summarizes what was accomplished during the session. Facilitator gives feedback to individual sets of parents regarding their child's participation in the group and gives handout sheets to parents.)*

## SESSION 2

### ALL ABOUT...

### OUR FEELINGS AND RELAXING

#### Main Objectives:

1. Increase ability to monitor and label internal emotional cues
2. Facilitate self-efficacy in terms of emotion regulation and management
3. Learn and practice muscle relaxation
4. Learn and practice deep breathing and imagery

#### Outline:

1. Transitioning to group
2. All about feeling
3. Shake it out
4. Muscle relaxation
5. Deep breathing and imagery
6. Snack and review
7. For next time

#### Materials:

1. Introductory song
2. Group banner
3. Stress pictures from Don't Pop Your Cork on Mondays
4. Emotion floor puzzle
5. Crayons/markers
6. Name Tags
7. Four body outlines, each one on a page of large newsprint
8. Shake My Sillies Out, Raffi audio-tape
9. Boom Box
10. Bubbles & bubble-wands
11. Pre-cut balloons & Blue construction paper
12. Feelings poster
13. Yarn
14. Stickers, pictures, and other decorations for balloons
15. Snacks
16. Newsprint
17. Closing Song
18. Glue and glue sticks
19. Small ball
20. Scrapbooks

**Books:**

Double Dip Feelings B. Cain (1990)

I Was So Mad M. Mayer (1983)

Don't Pop Your Cork on Mondays (or photocopy of anger pictures) A. Moser (1988)

The Moon Balloon J. Drescher (1996)

**Handouts/Take-homes:**

Page 2: All About Having Fun With My Family

Page 3: How Are You Feeling Today?

Reminder: All about relaxing

In baggie: Boy and a Bear L.. Lite (1996)

"Shake your sillies out" tape (Raffi)

All My Feelings At Home S. Conlin & S. Friedman (1989)

Moon Balloon (they keep)

## **I. TRANSITIONING TO GROUP (15 mins.)**

*(Facilitator plays or sings introductory song. Group banner should be displayed. Children and facilitator sit together in a circle. Facilitator welcomes each child, referring to him/her by name.)* **How has everybody been? Who can remember the rules for the group?** *(Facilitator briefly reviews group rules with children i.e., all must share, and no hitting or saying means things.)* **Who would like to tell about a special and fun time that they had with their family since we met last time?** *(Facilitator passes out Page 2: All About Having Fun With My Family.)* **Draw a picture of what you did that was special and fun with your family.** *(Children draw pictures.)* **Now, who would like to show their picture to the group?** *(Facilitator points out emotional elements of the pictures. Example: "I can tell that you are having fun and are happy because you have a smile on your face in the picture.")*

## **II. ALL ABOUT FEELINGS (25 mins.)**

*(Facilitator reads Double Dip Feelings and asks for comments about the book from the children.)*

**Here is a big puzzle for you to do.** *(Facilitator gets floor puzzle out and children complete. As they are completing the puzzle, facilitator asks children to identify the feelings that go with the various faces. Facilitator distributes Page 5: How Are You Feeling Today?)* **For each child: Color the face that shows how you feel right now.**

*(Facilitator gets out the four body outlines and labels them "happy," "sad," "frightened," and "mad.")* **Our faces show how we feel. We also feel feelings in other parts of our body.** *(Facilitator asks each child to indicate on the body outlines).* **Where do you feel [sad, happy etc] in your body?** *(Children are also asked to choose a color or crayon that means the emotion and color that part of the body. Facilitator does this for each of the four emotions using the four body outlines.)*

**Do you think that you can do things to change your feelings? Like if you feel mad--show me how you look when you feel mad? Here's a story about feeling mad.** *(Facilitator reads I Was So Mad.)*

*(Facilitator shows lion, monkey, bull, ostrich, and turtle pictures from Don't Pop Your Cork on Mondays to illustrate that people show they are mad in different ways.)* **People act in different ways when they are mad. Some people are like a lion.** *(Have children act out each animal.)* **Which one are you like when you are mad, a lion, a monkey, a bull, an ostrich, or a turtle?** *(Children take turns responding.)*

### **III. SHAKING IT OUT (10 mins.)**

**Here's another trick to help calm down.** *(Facilitator gets out a small ball.)* **Look at this ball. This is a mad ball. Pretend this mad ball is inside of you. Make it bounce and shake all through your body.** *(With facilitator prompting, children pretend ball is in various parts of their bodies.)* **Stop the ball from moving.** *(Children stay still.)* **Suck the mad ball up into your mouth and spit it out.** *(Children act out.)* **Look at how slimy the mad ball is now. Kick it or throw it out the door.** *(Children act out.)*

**Here's a story about shaking it out.** *(Facilitator plays audiotope, Shake My Sillies Out.)*

### **IV. DEEP BREATHING AND IMAGERY (30 mins.)**

**Now, let's see how slow and deep you can get your breathing to be.** *(Get out bubbles. Model taking deep breaths and blowing out bubbles. Children practice taking a big breath and blowing it out slowly while making a bubble. Next, ask children to sit or lie down in a relaxed position).* **Now, here's another game to play. Pretend that your belly is a big red balloon. Take a deep breath. Breathe in slowly through your nose until the balloon feels full. Hold it. Count to five--1-2-3-4-5. Then breathe out through your mouth. Breathe out the red air from the balloon. Continue filling up the balloon with air. 1-2-3-4-5 and breathe out the red air. Ok, sit up now. How do you feel?** *(Children respond. Facilitator comments on consistencies among children's reports of how they feel and their face, body, and/or verbal cues (i.e., "I can see that you feel good now because you are sitting still and listening.")*

**Here's a book about some other things that help kids relax.** *(Read The Moon Balloon.)*

*(Pass out pre-cut balloons, blue construction paper, yarn, and stickers, pictures, etc. to decorate.)* **Now you can make your own Moon Balloon. You can decorate it any way you want to.**

### **V. SNACK AND REVIEW (10 mins.)**

**We are pleased that (oncology nurse) is here with us for snack time today again. Do you have any questions you want to ask him/her?** *(Nurse leaves after questions are answered.)* **Let's review what we did today. I'll write what we did down so that we can show your parents all the important things you did today.** *(Children list what they did during the session and facilitator writes their comments on newsprint.)*

**VI. FOR NEXT TIME (5 mins.)**

**Next time I would like you to tell about something that you did to relax and practice “shaking your sillies out.”**

*(Facilitator sings closing song.)*

*(Children meet their parents at the parents' group. Facilitator summarizes what was accomplished during the session and hands out “More About...Feelings and Relaxing.” Facilitator should give feedback to individual sets of parents regarding their child's participation in the group.)*

### SESSION 3

#### ALL ABOUT...

#### SOLVING PROBLEMS AND BEING FRIENDS

##### Main Objectives:

1. Continued generalization of relaxation techniques
2. Learning steps in problem-solving
3. Learning assertive skills

##### Outline:

1. Transitioning to group
2. Problem-solving
3. Assertiveness
4. Being friends
5. Snack and review
6. For next time

##### Materials:

1. Introductory song
2. Group banner
3. Getting Along ("Bullying" and "Intolerance" activity sheets)
4. Pig noses
5. Snacks
6. Closing song
7. Crayons/markers
8. Child puppets (boy and girl)
9. Newsprint
10. Mouse and monster masks, straws
11. Mirrors
12. Scrapbooks

##### Books:

I'm Mad E. Crary (1992)  
Frog and Toad Are Friends A. Lobel (1970)

##### Handouts:

Page 4: All About Relaxing  
Page 5: Problem-solving steps

##### Take Home books:

Frog and Toad are Friends  
The Good-Bye Book J. Viorst (1988)  
We Can Get Along L. Payne (1997)

## **I. TRANSITIONING TO GROUP (10 mins.)**

*(Facilitator plays or sings introductory song. Group banner should be displayed.)*

*(Children and facilitator sit in a circle. Facilitator welcomes each child, referring to him/her by name. How has everybody been? Who can remember the rules for the group? (Facilitator briefly reviews group rules with children i.e., all must share, no hitting or saying means things.) Who would like to tell about one thing that they did at home to relax? (Facilitator passes out Page 4: All About Relaxing). This is a picture for you to color. On it are all of the ways to relax that we talked about. (Children color picture.)*

## **II. PROBLEM-SOLVING (25 mins.)**

**So there are lots of tricks that you can do when you want to calm down. Let's read this book about a little boy who feels mad and see if we can name lots of things that he can do to relax. (Read I'm Mad. Stop reading to ask children to name the problem the boy is having. Also, stop to ask children, "What will the boy do next?" Have children act-out what they think the boy will do next. Also, have the children act out **what will happen next** (i.e., the consequences of how the boy chooses to deal with his angry feelings).**

**You did a very good job of thinking of ways the little boy could solve his problem. The first step is to name your feeling. What feeling did the boy in the book have? (Children respond.) The second step is to think of things you can do to feel better and try one out. What are some good things that the boy in the book did? (Children respond.) The last step is to tell yourself "Good job!" (Facilitator hangs "Problem-Solving Steps" illustration on wall. Group recites steps.) Here is a page for your book for you to color and to remind you about the steps for solving problems. (Hand out Page 5: Problem-Solving Steps. Children color their pages.)**

*(Using a child puppet, the facilitator and children sit in a circle and make up a group story about the puppet and his/her problem and how he/she goes about solving it.) Let's make up a story together about our friend here (holds up child puppet.) As we go around the circle everyone will contribute to the story. I'll give you the beginning of each part of the story and we'll go around the circle, having you fill in the spaces in the story. Ready?*

**This puppet's name is (child next to facilitator completes.) [Name of puppet] has a problem. The problem is (next child completes.) This**



problem makes [Name of puppet] feel *(next child completes.)* [Name of puppet] thinks of many different things he/she can do to solve the problem and feel less [feeling]. One thing that [Name of puppet] thinks of doing is *(next child completes.)* Another thing is *(next child completes. Continue until 3 or 4 possible solutions are identified.)* The thing that [Name of puppet] tries first is *(child completes.)* When [Name of puppet] tried [first solution] what happened? *(Child completes. Continue until story is completed with an ending that reflects an effective coping response.)*

### **III. ASSERTIVENESS (30 mins.)**

Today, we're going to talk about how each of you is a good friend to other people. Also, we're going to talk about how each of you is a good friend to yourself.

Sometimes kids and adults aren't good friends to other people. They yell at other people, or fight with them, or don't listen to them. They are like monsters. Other times kids and adults aren't good friends to themselves. They don't ask for help and they don't stand up for themselves. They are like mice. *(Pass out mice and monster masks for children to color.)* These masks are for you to color and wear when we pretend to be mice and monsters. After we pretend to be mice and monsters, we'll talk about ways to not be either a mouse, or a monster, and instead be a good friend to other people and yourself. *(Children color masks.)*

Ok, everyone hold up his or her mouse mask. Let's see what you look like when you're a mouse. *(Children look at themselves in the mirror and act-out the part of a mouse.)* Who would like to tell about a time when they were a mouse? *(Children respond.)* Who can think of something that [child] could have done to not be a mouse? *(Children respond.)* Ok, everyone hold up his or her monster mask. Let's see what you look like when you're a monster. *(Children look at themselves in the mirror and act-out the part of a monster.)* Who would like to tell about a time when they were a monster? *(Children respond.)* Who can think of something that [child] could have done to not be a monster? *(Children respond.)*

Here's a picture that we can use to talk about how to get along and be friends. *(Show group "Bullying" poster. Refer to "Bullying" activity sheet. Ask "Direct" questions on "Bullying" activity sheet:*

What's happening in this picture?  
How do you think the pig that is using the pen feels?  
How can you tell what the pig might be feeling?

**Why would the other pig say, "I want that pen NOW!"**

**Who would like to act-out the parts in the story?** (*Facilitator gives pig noses to children who will be role-playing. All interested children should have a chance to do the role-play.*) **What is the problem here? Which pig is acting like the monster? Why is it wrong to act like that pig?** (*Reinforce that the other pig has rights, which are not being respected.*) **What could the other pig do next?** (*Children respond and act-out.*)

#### **IV. COPING WITH FEELING LEFT OUT (20 mins.)**

*Facilitator puts "Intolerance" picture on the wall. Ask "Direct" questions on "Intolerance" activity sheet: What's happening in this picture? How are all four of the zebras alike? What's the difference between the lone zebra and the others? Is that difference a good reason to leave the zebra out? Why or why not? How do you think the single zebra feels? Who would like to act-out the parts in the story? (All interested children should have a chance to do the role-play.) What could the lone zebra do next? How would the story end? Who would like to act out the ending of the story? (All interested children should have a chance to do the role-play.)*

*Ask "Reflective" questions on "Intolerance" activity sheet:*

**Have you ever felt left out of something because you were different?**  
(**How were you different?**)

**When you were left out, how did you feel?**

**What finally happened?**

**Have you ever left someone else out because that person was different?**

**How did you feel about that?**

**Have you ever worried that you were different because your mother had cancer? What did you do? What else could you have done?**

#### **IV. BEING FRIENDS (10 mins.)\**

**Here is a book about being friends.** (*Facilitator reads Frog and Toad are Friends.*)

#### **V. SNACK AND REVIEW (10 mins.)**

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today. Children list what they did during the session and the facilitator writes their comments on newsprint.**

**VI. FOR NEXT TIME (5 mins.)**

**Next time I would like you to tell about something that you did fun with a friend.**

*Facilitator sings closing song.*

*(Children meet their parents at the parents' group. Facilitator summarizes what was accomplished during the session and hand out: "More About...Solving Problems and Being Friends." Facilitator should give feedback to individual sets of parents regarding their child's participation in the group.)*

## SESSION 4

### ALL ABOUT...

#### WHAT WE'VE LEARNED AND SAYING GOODBYE

##### Main Objectives:

1. Continue discussion of friendship
2. Reinforce skills learned in the group
3. Facilitate closure

##### Outline:

1. Transitioning to group
2. When friends leave
3. Review of sessions and compiling scrapbook
4. Saying goodbye
5. Party
6. Presentation of certificates of accomplishment

##### Materials:

1. Introductory song
2. Group banner
3. Manila envelopes
4. Straws
5. Cut-out small triangles.
6. Decorations for "mailboxes"
7. Plain paper
8. Crayons/markers
9. Snacks
10. Closing song
11. Certificates of Accomplishment
12. Two child puppets (boy & girl)
13. All previous activity pages
14. Scrapbooks
15. Scissors
16. Glue/glue sticks
17. Decorations for scrapbooks
18. Elephant & lion puppets

**Books:** To Annabella Pelican from Thomas Hippopotamus N. Patz (1991)

**Handouts/take homes:** Page 6: All About My Friend/ ; Scrapbooks (to keep)

## **I. TRANSITIONING TO GROUP (10 mins.)**

*(Facilitator plays or sings introductory song. Group banner should be displayed.)*

**How have you been? Who can remember the rules for the group?** *(Facilitator briefly reviews group rules with children i.e., all must share, and no hitting or saying means things.)* **Who would like to tell about something that they did with a friend?** *(Children respond. Facilitator passes out Page 6: All About My Friend.)* **Here is a page for you to draw a picture of your friend.** *(Children draw pictures.)* **Who would like to show their picture to the group?** *(Children share pictures with the group. Facilitator should prompt children by asking what the friend's name is, how old he/she is, what they like to do together, etc.)*

## **II. WHEN FRIENDS LEAVE (10 mins.)**

*(With child or animal puppets.)* **This is [name] and this is [name]. They are best friends and they live near each other. Who here has a best friend that lives near them?** *(Children respond.)* **[Name of one puppet] is moving to a different place and so the two won't be able to play together anymore. [Name of puppet] is feeling sad because she will miss her friend. Has anyone here had a friend that moved to a different house or a different school?** *(Children respond.)* **Did you feel sad?** *(Point to sad face).* **Mad? Scared?** *(Children respond.)* **Well, what [name of puppet] feels mostly is sad. She tells her friend that she is sad that he is moving away. She also tells her mom that she feels sad. She feels better when her mom reminds her that even though she will not see her friend everyday anymore, she can still write letters to him and send him pictures. Also, her mom takes a picture of both of them for each to keep. When they look at the picture they feel happy because they remember the fun they had playing together. (To the children who reported that they had this experience). Do you remember doing fun things with your friend whom moved? So even though you don't see your friend anymore, you can still remember the fun times you had playing with them.**

## **III. REVIEW OF SESSIONS AND COMPILING SCRAPBOOK (25 mins.)**

**You each did a lot of work in the group. I have all the pages that you have done during our meetings. Let's look through the pages all together now so that we can review all the things that we did.** *(Facilitator goes over each page of scrapbook (blank pages) and elicits children's feedback about each activity and highlights important points of each activity. Facilitator should also ask about what each child liked best, thought was most fun, thought was hardest, etc.)*

*(Each child is given his/her pages and a scrapbook.) You are each going to get a book to put all of your pages in. You can decorate the cover however you would like.*

#### **IV. SAYING GOOD-BYE (20 mins.)**

*(With elephant puppet.) Elephant is going to feel a little sad when the group is over because she won't be able to spend time with you anymore. She will remember you though and all the fun things we did in this group. What are the feelings you have about saying goodbye to our group/each other?*

*Facilitator reads To Annabella Pelican from Thomas Hippopotamus.*

**One way to say good-bye to a friend is to make them a picture or to write them a letter letting them know that you will miss them. Let's do this now as a way to say goodbye to each other. *(Facilitator passes out manila envelopes, straws; cut-out flags and helps children assemble "mailboxes." Children decorate mailboxes. Facilitator passes out plain paper and helps children write notes or draw pictures for each other.)* When you are done, put the picture or letter in the mailbox of the person that you made it or wrote it for.**

#### **V. PARTY (15 mins.)**

*(Get out snacks for party and ask for volunteers to do different tasks (e.g., pass out the napkins, pass out the drinks, put empty cups in the trash can, etc.).*

#### **VI. DISTRIBUTION OF CERTIFICATES (10 mins.)**

*(Children joint parents group. Facilitators should already have Certificates of Accomplishment made up for each child. Facilitators make brief comments about group as a whole, i.e., strengths of children, what was learned, importance of practicing skills, purpose of scrapbook) and then present each child with certificate. Afterwards, facilitators talk with parents, give feedback, answer questions, etc.)*

**APPENDIX 3:**

**SCHOOL-AGE CHILD GROUP  
INTERVENTION MANUAL**

# **FAMILIES COPING WITH CANCER PROJECT**

## **Treatment Manual: Older Child Group (Ages 7-12)**

**Funded by: U. S. Army Materiel Command 1997-2000**

**Family Intervention for Young Women with Breast Cancer**

**Sally E. Tarbell, Ph.D.  
Principal Investigator**



**SESSION 1**

**ALL ABOUT...**

**OUR GROUP, OUR FAMILIES, AND CANCER**

**Main Objectives:**

1. Build rapport and group cohesion
2. Reinforce individual strengths
3. Normalize children's experiences of parental cancer
4. Provide accurate information about cancer and correct misperceptions

**Outline:**

1. Introductions
2. How we're different/ how we're the same
3. All about families and cancer
4. Snack and review
5. For next time

**Materials:**

1. Name tags
2. Polaroid Film and Camera
3. (2) Microphones
4. Interview questions
5. Newsprint
6. Crayons/markers
7. Tape
8. Snacks
9. Attendance Sheet

**Session Books:**

**When Eric's Mom Fought Cancer J. Vigna (1993)**

**Handouts/Take Home Sheets:**

Page 1: All About Me  
A Small Book About Big Words  
More About My Family & Cancer

**Take Home Books:**

Paper Chain C. Blake et al. (1998)  
(7-9 years) They Keep  
Vanishing Cookies M. Goodman (1990)  
(10-12 years)

## **I. INTRODUCTIONS (20 mins.)**

*(Facilitators should be wearing name tags when the children arrive. Children are given name tags when they arrive. Two, Polaroid pictures of each child are taken.)*

*(Facilitators introduce themselves.)* Our names are \_\_\_\_/\_\_\_\_\_.  
**Welcome to the group. We're glad you are here. We are going to be meeting one Saturday morning a month for 4 months. We will be doing a lot of different things in this group. We think most of it will be fun. You will be learning some new things, talking, drawing, making stories, and playing games. Let's go around the circle, and I'd like you each to say your name. *(Children introduce themselves.)***

**Now that we know who is in the group, we need to think of some rules for our group. What rules should we have for the group so that we get things done and so that everyone gets along with each other? *(Children suggest rules and facilitator writes them on newsprint. If not mentioned, facilitator adds rule about respecting one another.)* An important rule is to listen when someone else is talking. That means looking at them and not talking while they are talking. Who can show me what they look like when they are listening? How would I know when you're not listening, what would you look like? It is okay if you do not want to talk or answer a question. Sometimes kids feel like sitting and listening and not talking and that's okay. It's also a good idea for you to talk to your parents about what we do here. We also will be filling your parents in about our activities. And while it is OK to talk about the kids in the group and what we do here, it is NOT OK to say means things about other kids in the group or to say anything about them that you wouldn't want said about yourself. *(Facilitators can demonstrate this point by a brief role-play.)* Do you have any questions about the group rules?**

**\*\*\*Younger (7-9 years): We're going to play a game now that will help everyone get to know each other better. I'd like each of you to pretend that you are television reporters on the news. When you are the reporter you will use a microphone *(Show microphones.)* and interview your partner. You can ask them questions about themselves. Here are some questions you may want to ask. *(Pass out interview questions.)* We are going to go first to show you how to do it. *(Facilitators interview each other.)* OK, now it's your turn to do it. Turn to the person next to you. First, one will be the reporter and will use the microphone**

and ask the questions. Then the person who answers the questions will get to interview the next person. We'll go around the circle.

**\*\*\*Older (10-12 years)** We're going to play a game now that will help everyone get to know each other better. I'd like each of you to pretend that you are television reporters on the news. When you are the reporter you will use a microphone (*Show microphones*) and interview your partner. You can ask them questions about themselves. What are some questions that a reporter might want to ask a person that he or she is interviewing? (*Children generate a list of questions. Facilitators can add some other questions that are light-hearted, i.e., What is your favorite pizza topping? Facilitators should write these questions on newsprint.*) These are good questions. You can ask these questions and you can also make up others to ask that aren't on this list. Here are some microphones to use when you are the reporter. Also, you should write down the information you get about the person you are interviewing. When you are the person being interviewed, you will be answering the reporter's questions. If the reporter asks a question that you don't want to answer, you don't have to answer it. So, pick a partner now. One person will be the reporter first and will use the microphone. When I tell you, you will switch and the person being interviewed will be the reporter. (*Children begin the activity. After about 5 minutes, the facilitator instructs the children to switch roles. After the interviewing exercise, each person will introduce the person they interviewed to the group. Facilitators will introduce each other first.*)

## **II. HOW WE'RE DIFFERENT/ HOW WE'RE THE SAME (20 mins.)**

(Facilitator passes out Page 1: All About Me.)

**\*\*\*Younger:** Here is a page for you to draw a picture of yourself. (*Children complete drawings. Facilitator tapes Polaroid pictures and drawings on large roll of newsprint, creating group banner.*)

**\*\*\*Older:** Here is a page for you to draw a picture of yourself and something that you like or like to do. (*Children complete drawings. Facilitator tapes Polaroid pictures and drawings on large roll of newsprint, creating group banner.*)

(*When children are done with their pictures, the facilitator hangs the banner on the wall.*) What a good picture of the group. The group is made up of everyone here. One thing that I notice is that everyone's picture is different. (*Point out differences among*

*pictures i.e., physical features, what they indicated that they liked).* Who would like to show the group their picture and tell what they are doing in the picture? Each of us is different in special ways. For instance, no one else looks exactly like you. Another thing that makes us different from each other is the strengths that we have, the things that we do well and that we are proud of. Kids have different strengths. For instance, one kid's strength may be that she gives soccer her "all" and another kid's strength may be that he tries hard in school or helps out with chores at home. Who would like to tell about a strength or a talent they have? *(Children respond.)* You already have a lot of strengths and talents. One important thing that we're going to be talking about in this group is how to use your strengths and talents to solve problems or to feel better when you have a problem. It's good that we all have different strengths and talents because you can teach each other and learn different skills from each other. For instance *(Facilitators use an example based on what two of the group members report are strengths for them.)*

We've talked about the ways that we're unique. Each of us looks different, likes different things, and has different strengths. There are other things that we have in common. Things that make us alike or are the same about us. Who can think of something that is the same about everyone in the group? *(Children respond. Facilitator writes these on newsprint.. If no one lists "our moms have cancer" as a way that everyone in the group is the same the facilitator says:* Another way that everyone in the group is the same is that their moms and dads are participating in a group like this one. Also, everyone who is here has a mom who was sick with cancer. For the rest of the time today, we are going to talk about our families and about cancer.

### **III. ALL ABOUT OUR FAMILIES AND CANCER (35 mins.)**

This is a story about a little boy whose mother has cancer. *(Read When Eric's Mom Fought Cancer, stopping at points in the story to pose questions to the group.)* For example: Do you remember when you found out that your mom had cancer? How did you feel? One thing that changed for Eric was that his mother couldn't spend as much time doing things with him because her treatment made her feel tired a lot. What changed for you when your mother was getting treatment for cancer? Who helped take care of you? What stayed the same in your

family? Why did Eric hit the snowman? Did you ever feel angry like Eric? What did you do?

At the end of the story when Eric heard the word "cancer" he was confused and scared. He didn't know what cancer was. The word "cancer" is confusing to many kids, and adults too. Some people know a lot about cancer and about how people with cancer get better, like your mother's doctors. People that know some things about cancer are your parents and maybe some of you in this room. Maybe you know a lot about cancer. Other people may not know much about cancer. They might not have a parent or other family member who has cancer, or they might not be around adults that can help them understand what cancer is. *(Facilitator introduces the oncology nurse specialist to the group.)* If Eric met an oncology or cancer specialist, what questions do you think he might ask? *(Facilitator writes the children's questions down on newsprint, and the oncology nurse specialist addresses questions as they are asked by the group. Important issues to cover include: beliefs about the etiology and contagiousness of cancer, beliefs about personal responsibility, disease prognosis, understanding of treatment.)*

#### **V. SNACK AND REVIEW (10 mins.)**

*(Get out snack and ask helpers to complete different tasks e.g., pass out the napkins, pass out the drinks, pass trash can).*

While we are having a snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did. *(Important topics to list are: meeting each other, talking about what our strengths are; talking about how we're the same; talking about how we're different, learning about cancer.)*

#### **VI. FOR NEXT TIME (5 mins.)**

I have some practice sheets to remind you about what we did today. Also, the practice sheets explain what to do before you come back next month. One thing is to do a fun activity with your family that you can tell about. Another thing is to bring in a comic strip, picture, or book about families, or tell about a movie or television show that you saw about families that reminds you about your own family. Also, there is a book for you to borrow to read at home. You may want to ask your mom or dad to read it with you. *(Pass out "More About...My Family and Cancer.")*

*(Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's home activities. Facilitators should give feedback to individual sets of parents regarding their child's participation in group. )*

## **SESSION 2**

### **ALL ABOUT...**

### **OUR FEELINGS AND RELAXING**

#### **Main Objectives:**

1. Increase ability to monitor and label feelings
2. Facilitate self-efficacy in terms of emotion regulation and management
3. Introduce muscle relaxation
4. Introduce deep breathing

#### **Outline:**

1. Transitioning to group
2. All about mom
3. All about feelings
4. Snack and review
5. For next time...

#### **Materials:**

1. Comic-strips/pictures about families
2. Group banner
3. Markers/ highlighters
4. Large newsprint
5. Relaxation Script from Coping Skills Interventions S. Forman (1993)
6. Name tags
7. Feelings poster
8. Glue, glue sticks, tape
9. Pre-cut balloons
10. Blue construction paper
11. Yarn
12. Stickers
13. Watercolor paper
14. Watercolor paints and brushes
15. Snacks

**Books:**

Beginning to Learn About Feelings R. Allington & K. Cowles (1991)

The Moon Balloon J. Drescher (1996)

Don't Pop Your Cork on Mondays A. Moser (1988)

**Handouts:**

Emotion faces

Page 2: How Are You Feeling Today?

In "Baggie" to take home: Take Home: "More About My Feelings and Relaxing"

Moon Balloon (they keep)

Don't Pop Your Cork on Mondays

Magic Island audiotape B. Mehling & M. Highstein  
(1990)

"Feelings" magnets (they keep)



## **I. TRANSITIONING TO GROUP (10 mins.)**

*(Children and facilitators sit in a circle. Facilitators welcome each child.)*

**Who was able to find a comic strip or picture about families that they brought?***(Children share comic strips/pictures. Facilitator provides comic strips/pictures if members did not bring them. Facilitators should prompt children to respond to what is going on in the picture and how the characters are feeling.)* **Who would like to tell about a movie or television show that they saw that was about families?** *(Children respond.)*

**Who would like to tell the group about something fun they did with their family since we last met?** *(Facilitators should point out elements about children's relationships with their families that have not been altered by cancer.)*

## **II. ALL ABOUT OUR FEELINGS (15 mins.)**

**Today we're going to talk about feelings, happy feelings and other kinds of feelings too. What is one kind of feeling that someone could have?***(Children respond. Facilitator writes children's responses on newsprint.)* **Good. You already know a lot of words for different feelings. We're going to talk some more about these feelings and talk about some other feelings too.**

**\*\*\*Younger:** *(Facilitator reads Beginning to Learn About Feelings. Facilitator uses feeling faces for the following exercise.)* **I have some pictures that show different feelings. Let's see if you can guess the feeling that goes with each picture. (Facilitator holds up faces and children name the feeling.)** **How could you tell that this face was for (specific emotion)? How do you look when you are feeling (specific emotion)?** *(Children act out emotions. Facilitator distributes Page 2: How Are You Feeling Today?)* **Color the face that shows how you feel right now.**

**\*\*\*Older:** **Here is a poster that has faces showing different feelings.** *(Facilitator uses feelings poster.)* **There is a game that we can play using this poster. We are going to go around the circle and each person can pick a face, say the feeling, tell about a time that they had the feeling. Then everyone in the circle can tell about a time that they had the feeling too. If you want to pass, you can. When you pass, you have to go up and pick a different feeling to talk about.** *(Children play game. Facilitator distributes Page 2: How Are You Feeling Today?)* **Color the face that shows how you feel right now.**

### **III. MANAGING FEELINGS (15 mins.)**

**Here's a book that talks about what to do to change stressful feelings into relaxed feelings.** *(Facilitator reads: Don't Pop Your Cork on Mondays. Facilitator should make comments and ask questions while reading e.g., When you are mad, are you like the monkey, the bull, the ostrich or the turtle? What exercises do you like to do? Do you think you can do that to calm down? Then the facilitator gets to the page describing "Shake your tension away", the facilitator suggests that the participants try to shake their tension away.)*

### **IV. MUSCLE RELAXATION (10 mins.)**

*(Each child lies down or sits on the floor.) Here's a game we're going to play to help us learn more fun ways to calm down. In this game you are going to do some pretending. Listen carefully and follow the directions for the game. (Facilitator reads script for Progressive Muscle Relaxation. Use relaxation script from Coping Skills Intervention).*

### **V. DEEP BREATHING (20 mins.)**

*(While children are in relaxed position.) Now, there's one more part of the game to do. Pretend that your belly is a balloon. Take a deep breath. Breath in slowly through your nose until the balloon feels full. Hold it. Count to five--1-2-3-4-5. Then breath out slowly through your mouth. Continue filling up the balloon with air. 1-2-3-4-5 and breath out. Keep breathing in and out and filling up your belly like a balloon.*

**Ok, when you are ready sit up. How do you feel?** *(Facilitator comments on consistencies between children's reports of how they feel and their face, body, and/or verbal cues i.e., "I can see that you feel good now because you are sitting still and listening.")*

**Here's a book about some other things that help kids relax.** *(Read The Moon Balloon.)*

**\*\*\*Younger:** *(Pass out pre-cut balloons, blue construction paper, yarn, and stickers to decorate.) Now you can make your own Moon Balloon. You can decorate it any way you would like.*

**\*\*\*Older.** *(Pass out watercolor paper, watercolor paints, and brushes.) Now you can make your own Moon Balloon. Your balloon can look any way you would like.*

#### **IV. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can.)*

**While we are having snack, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.**

#### **V. FOR NEXT TIME... (5 mins.)**

**I have some practice sheets to remind you of what we did today. Also, the practice sheets explain what to do before you come back next time. One thing is to keep track of times that you felt mad, sad, happy, or scared. Another thing is to practice relaxing by listening to a tape that you can borrow to take home. (Pass out "More About My Feelings and Relaxing.")**

*(Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's home activities. Facilitators should give feedback to individual sets of parents regarding their child's participation in group.)*

**SESSION 3**  
**ALL ABOUT...**  
**SOLVING PROBLEMS AND HAVING FRIENDS**

**Main Objectives:**

1. Reinforcing relaxation skills
2. Learning steps in problem-solving
3. Assertiveness training
4. Applying problem-solving to real-life situations

**Outline:**

1. Transitioning to group
2. Problem-solving
3. Not a mouse/ not a monster
4. Coping with bullies
5. Coping with feeling left-out
6. Snack and review
7. For next time

**Materials:**

1. Group banner
2. Crayons/markers
3. Xeroxed pictures of coping techniques from book
4. Newsprint
5. Mouse and monster masks, straws
6. Mirrors
7. Getting Along materials/posters ("Bullying" and "Intolerance")
8. Name tags
9. Snacks

**Books:**

The Mouse, the Monster, and Me P. Palmer (1977)  
Bully on the Bus C. Bosch (1988)

**Handouts/Take Homes:**

Page 3: Problem-Solving Steps

**Books:**

How To Be A Friend L. Brown & M. Brown (1998) (Ages 7-8/Grades 1-3)  
Reflections from a Mud Puddle M. Anderson (1998) (Ages 9-12/Grades 4-6)

## **I. TRANSITIONING TO GROUP (10 mins.)**

*(Children and facilitator sit in a circle. Facilitator welcomes each child.)*

**Who can tell about what they did to relax since our last group?** *(Children respond. Photocopied pages of relaxation strategies should be displayed to facilitate the participant's recollection of these techniques. Children are asked to describe their relaxation strategy to the group and the situation in which they used it for each of the following stress reduction methods.)* **Did anyone use exercising to relax? Did anyone use "Shake it off" to relax? Did anyone use tensing and relaxing your muscles or breathing to relax? Did anyone use deep breathing, thinking of their favorite thing, or thinking of their moon balloon to relax? Did anyone use another way to relax?**

**Do you think that you will be able to exercise or use "shake it off" or muscle relaxing, or deep breathing again when you want to relax? What might make it hard to do these things to calm down? What would help make it easier?** *(Children respond. Write on newsprint.)*

## **II. PROBLEM-SOLVING (25 mins.)**

**Let's see if we can help the boy in this story solve his problem.** *(Read Bully on the Bus, stopping at appropriate points to prompt.)* **What is Jack's problem?** *(Write children's responses on newsprint.)* **What can he do about it?** *(Write on newsprint. Children respond. If listed in book, turn to that page and read.)* **What will happen next?** *(If in book, turn to page and read outcome. Write on newsprint.)* *If not listed in book:* **What do you think will happen then? You did a very good job thinking of what to do to deal with the problem. First, you named the problem. Then you thought of solutions for dealing with the problem. Then we saw what happened when a solution is picked. Here are steps for solving problems.** *(Hang "Problem-Solving Steps" on wall. Group recites steps.)*

**Here is a page for your book for you to color and keep to remind you of the steps are for solving problems.** *(Hand out Page 3: Problem-Solving Steps. Children color their pages.)*

### **III. NOT A MOUSE/ NOT A MONSTER (15 mins.)**

**Today, we're going to talk about friendship--how each of you can be a good friend to others and how each of you can be a good friend to yourself.**

**Sometimes kids and adults aren't good friends to other people. They yell at other people, or fight with them, or don't listen to them. They are like monsters. Other times kids or adults aren't good friends to themselves. They don't ask for help and they don't tell other people what they need. They are like mice. Who can think of more words to describe a monster?***(Prompt for what a "monster" looks like and what s/he acts like.) (Facilitator writes on newsprint).* **Who can think of more words to describe a mouse i.e., what s/he looks and acts like?***(Facilitator writes on newsprint.)*

**\*\*\*Younger:** *(Pass out monster and mouse masks for children to color.)* **These masks are for you to color and wear when we pretend to be monsters and mice. After we pretend to be monsters and mice, we'll talk about ways to not be either a monster or a mouse, and instead to be a good friend to other people and to yourself.** *(Children color masks.)* **Ok, everyone hold up their monster mask. Let's see what you look like when you're a monster.** *(Children act-out the part of a monster.)*

**\*\*\*Older:** **Who would tell about a time when they were like a monster?** *(Children respond. Facilitator should reflect emotion behind child's behavior e.g., "Boy, it sounds like you were really mad about....". Ask child how else he/she could of responded to not be a "monster." )* **Who else can think of something that [child] could have done instead of being a monster? Who would like to tell about a time when they were like a mouse?** *(Ask child how else he/she could of responded to not be a "mouse.")* **Who can think of something that [child] could have done instead of being a mouse?**

### **IV. COPING WITH BULLIES (15 mins.)**

**Here's a picture that we can use to talk about how to be friends.** *(Show group "Bullying" poster. Refer to "Bullying" activity sheet. Ask "Direct" questions on "Bullying" activity sheet.)* **What's happening in this picture? How do you think the pig who is using the pen feels? How can you tell what the pig might be**

feeling? Why would the other pig say, "I want that pen NOW!"?

Let's see if we can use what we've learned about solving problems to think of solutions to this problem. (*Facilitator writes problem-solving steps on newsprint.*) **What is the problem? Which pig is acting like the monster? Why is it wrong to act like that pig?** (*Reinforce that the other pig has rights that are not being respected.*) **Let's list all the things that the other pig could do next?** (*The list should include "monster" and "mouse" responses.*) **What do you think some "good friend" (i.e. assertive) responses to the pig would be?** (*Children role-play a few good friend responses.*)

#### **V. COPING WITH FEELING LEFT OUT (10 mins.)**

(*Facilitator puts "Intolerance" picture on the wall. Ask "Direct" questions on "Intolerance" activity sheet.*) **What's happening in this picture? How are all four of the zebras alike? What's the difference between the lone zebra and the others? Is that difference a good reason to leave the zebra out? Why or why not? How do you think the single zebra feels? What could the lone zebra do? How do you think the story will end?**

(*Ask "Reflective" questions on "Intolerance" activity sheet.*) **Have you ever felt left out of something because you were different? How were you different? When you were left out, how did you feel? What finally happened? Have you ever left someone else out because that person was different? How did you feel about that? Have you ever worried that you would be left out of the group if other kids knew that your mother had cancer? What did you do? What else could you have done?**

#### **VI. SNACK AND REVIEW (10 mins.)**

*Get out snack and ask helpers to complete different tasks (e.g., pass out the napkins, pass out the drinks, pass trash can)*

(*When children are finished with snack and coloring.*) **Ok, let's review what we did today. I'll write these things down so that we can show your parents all the important things you did today.**

**VII. FOR NEXT TIME (5 mins.)**

**For next time, I'd like you to write a short story or a poem about friendship, make a collage about friendship, or prepare to tell about a television show or movie about friendship. Also, I'd like you to with you. The friend can be another kid, a neighbor, a brother or sister, or an adult like a teacher. (Pass out "More About...Solving Problems and Being Friends.")**

*(Children meet their parents at the parents' group. Facilitators summarize what was accomplished during the session and briefly describe the children's task for next week. Facilitators should give feedback to individual sets of parents regarding their child's participation in the group.)*



**SESSION 4**  
**ALL ABOUT...**  
**WHAT WE'VE LEARNED AND SAYING GOODBYE**

**Main Objectives:**

1. Reinforce skills learned in group
2. Facilitate closure

**Outline:**

1. Transitioning to group
2. When friends leave/saying good-bye
3. Review of sessions and compiling scrapbook
4. Party
5. Certificates of accomplishment

**Materials:**

1. Group banner
2. Shoe boxes (one for each child)
3. Newsprint
4. Markers/crayons
5. Wrapping paper
6. Ribbon
7. "I like \_\_\_\_ / I'll miss \_\_\_\_" notes
8. All previous pages
9. Scrapbooks (to keep)
10. Decorations for scrapbooks
11. Glue, glue sticks
12. Scissors
13. Compliment signs decorated like presents
14. Party food
15. Certificates of Accomplishment

**Books:**

To Annabella Pelican from Thomas Hippopotamus N. Patz (1991)

## **I. TRANSITIONING TO GROUP (10 mins.)**

*(Children and facilitator sit in a circle. Facilitator welcomes each child.)*

**Who brought a picture of a friend with them today? (Children who brought pictures share them with the group.) What makes this person a good friend? Who wrote a short story or a poem about friendship that they would like to share with the group? Who would like to tell about a television show or movie they saw about friendship? Who would like to show a collage that they made about friendship? Who would like to tell about a friendship they have and what makes it special?**

**What makes the kids in this group friends?**

## **II. WHEN FRIENDS LEAVE AND SAYING GOOD-BYE (30 mins.)**

**Has anyone had a friend that moved? What was that like? Some kids feel sad when a friend moves. Has anyone felt that way? What made it easier? Do you remember doing fun things with your friend who moved? Remembering the fun times you had with your friend can help you feel close to that friend, even though you may not play together anymore. Even though you don't see your friend anymore, you can still remember the good times you had together and you can keep in touch by writing letters or talking on the phone.**

*(If group is comprised of younger children, i.e. those aged 7-9, read To Annabella Pelican from Thomas Hippopotamus. If children are older, continue with questions below.)*

**Kids in a group like this may have different feelings when the group stops meeting. How do you think you will feel when this group stops meeting? What do you think that you'll remember about the group or the kids you met here? If you feel sad that the group is ending, what do you think you can do to feel less sad?**

**\*\*\*Younger: (Hold up signs describing attributes. Signs should be decorated to look like presents.) Who is someone in the group who is "good at listening"? Who is someone in the group who is a "good at sharing"? etc. Now we're going to play another game. I'm going to say something that I will miss about someone here and you try and guess who I am describing. (Children respond to facilitator and then have opportunity to describe what they will miss about a peer.)**

**\*\*\*Older:** You are going to have a chance to give and receive compliments now. I'd like you to make your compliment box look like a present. *(Pass out shoe boxes, decorative supplies. Children make their boxes.)* Now it's time to give each other compliments and let each other know what you will miss about that person. Put a note in everyone's box. You can write them on these pieces of paper (*"I like \_\_\_ / I'll miss" notes*) and put them in their compliment boxes. *Children work on their notes.* You can read your notes now. How do you feel when you read the good things people have to say about you and what they will miss?

### **III. REVIEW OF SESSIONS AND COMPILING SCRAPBOOK** (20mins.)

You each did a lot of work in group. I have all the pages that you did. Let's look through the pages all together now so that we can review all the things that we've done. *(Facilitator goes over each page of scrapbook and elicits children's feedback about each activity and highlights important points of each activity. Facilitator should also ask about what each child liked best, thought was most fun, thought was hardest, etc. Also, facilitator takes photographs and pages off of group banner and gives them to children to incorporate into their scrapbooks.)*

*(Each child is given his/her pages and a scrapbook.)* You are each going to get a book to put all of your pages in. You can decorate the cover in whatever way you want.

### **V. PARTY** (15 mins.)

*(Get out snacks for the party and ask helpers to complete different tasks , e.g., pass out the napkins, pass out the drinks, pass trash can, etc.).*

### **VI. DISTRIBUTION OF CERTIFICATES** (15 mins.)

*(Children join parents group. Facilitators should already have Certificates of Accomplishment made up for each child. Facilitators make brief comments about group as a whole (i.e., strengths of children, what was learned, importance of practicing skills, purpose of scrapbook) and then present each child with certificate with child's name and individualized goal/accomplishment at the top. Afterwards, facilitators talk with parents, give feedback, answer questions, etc.)*